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Person of the Month

Jacques Lacan (1901-1981)

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Message from the Desk of Editor

It gives me immense pleasure to welcome all to explore/publish/ comment in/on our journal, The International Journal of Indian Psychology (IJIP). There are a lot of challenges which the growing psychological face in the realms of basic necessities in life. Psychological thoughts can play a very distinct role in bringing about this change. One of the key objectives of research should be its usability and application. This journal attempts to document and spark a debate on the research focused on psychological research and ideas in context of emerging geographies. The sectors could range from psychological education and improvement, mental health, environmental issues and solution, health care and medicine and psychological related areas. The key focus would however be the emerging sectors and research which discusses application and usability in social or health context.

We intended to publish case reports, review articles, with main focus on original research articles. Over objective is to reach all the psychological practitioners, who have knowledge and interest but have no time to record the interesting cases, research activities and new innovative procedures which helps us in updating our knowledge and improving our treatment.

Finally, I would like to thank RED'SHINE International Publications, Inc for this keepsake, and my editorial team, technical team, authors and well wishers, who are promoting this journals. With these words, I conclude and promise that the standards policies will be maintained. We hope that the research featured here sets up many new milestones. I look forward to make this endeavour very meaningful.

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Person of the Month: Jacques Lacan (1901-1981)

Ankit Patel[1]

Born	13 April 1901 Paris, France
Died	9 September 1981 Paris, France
Citizenship	French
Known for	Mirror phase, The Real, The Symbolic The Imaginary, Graph of desire
Fields	Psychoanalysis

Jacques Lacan, in full Jacques Marie Émile Lacan (born April 13, 1901, Paris, France—died Sept. 9, 1981, Paris) French psychoanalyst who gained an international reputation as an original interpreter of Sigmund Freud's work.

Lacan earned a medical degree in 1932 and was a practicing psychiatrist and psychoanalyst in Paris for much of his career. He helped introduce Freudian theory into France in the 1930s, but he reached prominence only after he began conducting regular seminars at the University of Paris in 1953. He acquired celebrity status in France after the publication of his essays and lectures in Écrits (1966). He founded and headed an organization called the Freudian School of Paris from 1964 until he disbanded it in 1980 for what he claimed was its failure to adhere with sufficient strictness to Freudian principles.

Lacan's avowed theoretical intention, from at least 1953, was the attempt to reformalize what he termed "the Freudian field." His substantial corpus of writings, speeches and seminars can be read as an attempt to unify and reground what are the four interlinking aspirations of Freud's theoretical writings:

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- a theory of psychoanalytic practice as a curative procedure;
- the generation of a systematic metapsychology capable of providing the basis for
- the formalization of a diagnostic heuristic of mental illness; and
- the construction of an account of the development of the "civilized" human psyche.

Lacan's failing health made it difficult for him to meet the demands of the year-long Seminars he had been delivering since the fifties, but his teaching continued into the first year of the eighties. After dissolving his School, the EFP, in January 1980, Lacan travelled to Caracas to found the Freudian Field Institute on 12 July. The Overture to the Caracas Encounter was to be Lacan's final public address. His last texts from the spring of 1981 are brief institutional documents pertaining to the newly formed Freudian Field Institute and Lacan died on 9 September 1981.

TIMELINE

1901

- Jacques-Marie-Émile Lacan is born in Paris, April 13, to a family of solid Catholic tradition. He is educated at the Collège Stanislas, a Jesuit school. He has a sister, Magdeleine-Marie and a younger brother Marc-Marie, who later becomes a Benedictine at the abbey of Hautecombe. His brother's name appears before those of his parents in his thesis dedication. After his baccalauréat he studies medicine and later psychiatry.

1927

- Starts clinical training, works at Sainte-Anne's hospital in the second section of women and in the Clinic for Mental and Encephalic Diseases directed by Professor Henri Claude. A year later he works in the Special Infirmary Service where Clérambault had a practice. Up to 1932 Lacan was involved in the Societé Neurologique, the Société de Psychiatrie and the Société Clinique de Médecine mentale, he was fully integrated in the official circles of neurology and psychiatry.

1931

- Lacan presents some of his hypotheses at the Evolution Psychiatrique and publishes the following year in the Revue française de psychanalyse his translation of Freud's "On Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality." Receives a diploma as a forensic psychiatrist. He publishes Structure des psychoses paranoïaques, Semaine des Hôpitaux de Paris, 7 July 1931.

1932

- Awarded doctorate for his thesis: De la psychose paranoïaque dans ses rapports avec la personalité, Paris: Le Français, 1932. Later though (1975) he will state that paranoid psychosis and personality are the same thing. One name stands out by its absence from the list of dedication: that of Clérambault. It was because of their differences that Lacan failed his agrégation. At that time Lacan declares that in his thesis he was against "mental automatism," Clérambault's theory.

1933

- Because of his thesis he becomes a specialist in paranoia. The richness of his text and the multiplicity of its aspects appealed to very different circles, especially the analysis of the case of Aimée make him famous with the Surrealists. Between this year and 1939, he takes Kojève's course at the Ecole Pratique des Hautes Etudes, an "Introduction to the Reading of Hegel." He publishes Motifs du crime paranoïque: le crime des soeurs Papin. Minotaure.

1934

- He is appointed doctor of the Asiles, and marries Marie-Louise Blondin, mother of Caroline, Thibaut and Sibylle. While in analysis with Rudolph Loewenstein, Lacan becomes a member of La Société Psychoanalytique de Paris (SPP). Loewenstein is one of the four training analysts of the S.P.P. His analysis ends in 1939 with Loewenstein's departure to the war.

1938

- Becomes a full member of the SPP. Lectures at the S.P.P. on De l'impulsion au complexe where he argues for a "primordial structural stage" called "stage of the fragmented body in the development of the ego." At this stage "pure drives" (la pulsion à l'état pur) would appear in states of "horror" inseparable from a "passive beatitude." To defend his thesis, he presents two cases of patients at length. He publishes La famille: Encyclopédie française, Vol. 8.

1940

- Works at Val-de-Grâce, the military hospital in Paris. During the German Occupation, he does not partake in any official activity. "For several years I have kept myself from expressing myself. The humiliation of our time under the subjugation of the enemies of human kind dissuaded me from speaking up, and following Fontenelle, I abandoned myself to the fantasy of having my hand full of truths so as to better close it on them." In "Propos sur la causalité psychique," from 1946 and published in Écrits.

1947

- In 1946, the S.P.P. resumes its activities and Lacan, with Nacht and Lagache, takes charge of training analyses and supervisory controls and plays an important theoretical and institutional role. After visiting London in 1945 he publishes La Psychiatrique anglaise et la guerre, in Evolution psychiatrique1.

1951

- The S.P.P. begins to raise the issue of Lacan's short sessions, as opposed to the standard analytical hour. Lacan argues that his technique accelerates analysis. The underlying logic is that if the unconscious itself is timeless, it makes no sense to insist upon standard sessions. Lacan defends his use of short sessions a year later in La psychanalyse, dialectique?, unpublished.

1952

- During this period of crisis at the S.P.P. (1951-52), the responsibility for the report on the 1953 conference in Rome "Fonction et champ de la parole et du langage" is assigned to Lacan. At the time he is considered to be the most productive and original theoretician of the group, all the more so because he always uses the classical terms of the Freudian orthodoxy when speaking within the S.P.P.

1953

- In his project for the statutes of the S.P.P. Lacan organizes the curriculum around four types of seminars: commentaries of the official texts (particularly Freud's), courses on controlled technique, clinical and phenomenological critique, and child analysis. A large amount of freedom of choice is left to students in training. In January Lacan is elected President of the S.P.P. Six months later he resigns to join the Société Française de Psychanalyse (S.F.P.) with D. Lagache, F. Dolto, J. Favez-Boutonier among others. (At S.F.P.'s first meeting, Lacan lectures on "Le Symbolique, l'Imaginaire et le Réel"). Nevertheless the S.F.P. is allowed to be present in Rome where Lacan delivers his report: "Fonction et champ de la parole et du langage," discourse in which, for once, remarks Lagache with humor, "he is in no way Mallarmean." On July 17 he marries Sylvia Maklès, mother of Judith. That Fall Lacan starts his seminars at the Hôpital Sainte-Anne.
- The Neurotic's Individual Myth: Psychoanalytic Quarterly, 1979.
- 1954The positive reception of the expression "the return to Freud" and of his report and discourse in Rome give Lacan the will to reelaborate all the analytical concepts. His critique of analytic literature and practice spares almost nobody. Lacan returns to Freud yet his return is a re-reading in relation with contemporary philosophy, linguistics, ethnology, biology and topology. At Sainte-Anne he held his seminars every Wednesday and presents cases of patients on Fridays.

1955

- Lacan will remain at Sainte-Anne till 1963. The first ten Seminars elaborate fundamental notions about psychoanalytic technique, the essential concepts of psychoanalysis, and even its ethics. Students give presentations yet it is the Tuesday night conferences that fed Lacan's commentaries on Wednesdays.
- Le séminaire, Livre II: Le moi dans la téorie de Freud et dans la technique de la psychanalyse, Paris: Seuil, 1978; The Seminar, Book II: The Ego in Freud's Theory and in the Technique of Psychoanalysis, 1954 - 55, New York: Norton, 1988.

1956

- "The flexibility of the S.F.P. increases Lacan's audience. Celebrities are attracted to his seminars (Hyppolite's analysis of Freud's article on Dénégation, given during the first seminar, is a well-known example). Koyré on Plato, Lévi-Strauss, Merleau-Ponty, Griaule, the ethnologist, Benvéniste among others attend his courses.

- "Fetishism: The Symbolic, The Real and The Imaginary" (in collaboration with W. Granoff), in S. Lorand and M. Balint, eds.,Perversions: Psychodynamics and Therapy, New York: Random House, 1956.

1957

- During this period Lacan writes, on the basis of his seminars, conferences and addresses in colloquia, the major texts that are found in Écrits in 1966. He publishes in a variety of journals, notably in L'Evolution Psychiatrique, which takes no account of the S.P.P. / S.F.P. conflict and Bulletin de la Société de Philosphie. J.B. Pontalis, Lacan's student, publishes with his consent the accounts of Seminars IV, V and VI in Bulletin de Psychanalyse

1958

- In the S.P.P. executive board, positions and titles are exchanged with perfect regularity until Serge Leclaire becomes secretary and then president. Yet Lacan emerges, if not the only thinker of the group, at least as the one who has the largest audience and the most audacity, especially since his practice of short sessions secures him the greatest number of analysts-in-training. A Lacan group begins to organize itself, identifiable by its language and its modes of intervention in discussions.

1959

- The first issue of La Psychanalyse from 1956 is entirely devoted to Lacan: it includes the Rome report and discourse with the discussions that followed with Lacan's response, the commentaries from Seminar I on Hyppolite's analysis of denegation and Lacan's translation of Heidegger's Logos. In a following issue Hesnard will comment on Wo es war, soll Ich werden that according to Lacan the "I" must come to the place where the id was: là où était le “ça” “je” dois advenir. This opposes the S.P.P.'s translation: "the ego must drive out the id."
- Le séminaire, Livre VI: Le désir et son interpretation, unpublished.

1960

- In his Ethics Lacan defines the true ethical foundations of psychoanalysis and constructs an ethics for our time, an ethics that would prove to be equal to the tragedy of modern man and to the "discontent of civilization" (Freud). At the roots of the ethics is desire: analysis' only promise is austere, it is the entrance-into-the-I, l'entrée-en-Je. "I must come to the place where the id was," where the analysand discovers, in its absolute nakedness, the truth of his desire. The end of psychoanalysis entails "the purification of desire." This text functions throughout the years as the background of Lacan's work.
- Le séminaire, Livre VII: L'éthique de la psychanalyse, Paris: Seuil, 1986.The Seminar, Book VII: The Ethics of Psychoanalysis, 1959-60, New York: Norton, 1992.

1961

- At the colloquium on dialectic organized by Jean Wahl at Royaumont the previous year, Lacan defends three assertions: psychoanalysis, insofar as it elaborates its theory from its praxis, must have a scientific status; the Freudian discoveries have radically changed the

concepts of subject, of knowledge, and of desire; the analytic field is the only one from where it is possible to efficiently interrogate the insufficiencies of science and philosophy. This major intervention will appear in Écrits as "Subversion of the Subject and Dialectic of Desire in the Freudian Unconscious," where the subject of psychoanalysis is neither Hegel's absolute subject nor the abolished subject of science. It is a subject divided by the emergence of the signifier. As to the subject of the unconscious, it is impossible to know who speaks. It is "the pure subject of the enunciation," which the pronoun "I" indicates but does not signify. Yet the key concept is that of desire: "it is precisely because desire is articulated that it is not articulable in a signifyng chain."

1962

- Meanwhile S.F.P. members want to be recognized by the I.P.A. At the Congress of Edinburgh in 1961, the I.P.A. committee recommends that the S.F.P. become a supervised study group of the I.P.A. Moreover, in a series of twenty requirements it asks the S.F.P. to ban Lacan (also Dolto and Bergé) from the analysts' training: the problem of the short sessions, which was already at stake during the first split, is back for discussion. Lacan did not "give in on his desire," and neither did the I.P.A. make concessions about its principles. He was not banned from psychoanalytic practice nor from teaching: he was denied the right to train analysts. Driven to choose between Lacan and affiliation with the I.P.A., Paris opts for the time being not to make any decision. Moreover, a motion is adopted by the Bureau of the S.F.P. stating that "any attempt to force the expulsion of one of its founder members would be discriminatory, and would offend against both the principles of scientific objectivity and the spirit of justice." Lacan and Dolto are elected president and vice-president.
- Later that year, Lacan is appointed chargé de cours at the École Pratique des Hautes Etudes (Paris) and a series director at Éditions du Seuil. The series will be known as Le Champ freudien: in time his Seminars and Écrits will be published in there.
- Le séminaire, Livre IX: L'identification, unpublished.

1963

- In January, Serge Leclaire succeeds Lacan as president of the S.F.P. In May, envoys from the I.P.A visit Paris and meet with Leclaire. Not only they express doubts about Lacan's attitude towards Freud (he studies Freud's texts obsessionally, in the manner of medieval scholar) they also claim that Lacan manipulates transference through the short session: he must be excluded from the training courses. At the Congress of Stockholm, in July, the I.P.A. votes an ultimatum: within three months Lacan's name has to be crossed off the list of didacticians. Everything is organized to reorient his students in training analysis towards others analysts, thanks to a committee supervised by the I.P.A. Two weeks before the expiration of the deadline fixed by the I.P.A. (October 31), Lagache, Granoff and Favez advance a motion calling for Lacan's name to be removed from the list of training analysts: the committee of didacticians of the S.F.P. gives up its courageous

position of 1962. On November 19 a general meeting has to make a final decision on I.P.A.'s conditions regarding Lacan. Lacan then writes a letter to Leclaire announcing he will not attend the meeting because he can foresee the disavowal. Thus, on November 19, the members' majority takes the position in favor of the ban. As a result of it Leclaire and Dolto resign from office. During the night Lacan learns the decision made at the meeting: he no longer is one of the didacticians. The next day, his seminar on "The Names-of-the-Father" is to start at Sainte-Anne: he announces its end. Fragments of it are published in L'excommunication

1964

- Lacanians form a Study Group on Psychoanalysis organized by Jean Clavreul, until Lacan officially founds L'École Française de Psychanalyse. Soon it becomes L'École Freudienne de Paris (E.F.P.). "I hereby found the École Française de Psychanalyse, by myself, as alone as I have ever been in my relation to the psychoanalytic cause." The E.F.P. is organized on the basis of three sections: pure psychoanalysis (doctrine, training and supervision), applied psychoanalysis (the cure, casuistics, psychiatric information), and the Freudian field (commentaries on the psychoanalytic movement, articulation with related sciences, ethics of psychoanalysis).
- With Lévi-Strauss and Althusser's support, he is appointed lecturer at the École Pratique des Hautes Etudes. He begins his new seminar on "The Four Fundamental Concepts of Psychoanalysis" in January in the Dussane room at the École Normale Supérieure (in his first session he thanks the generosity of Fernand Braudel and Claude Lévi-Strauss).
- Le séminaire, Livre XI: Les quatre concepts fondamentaux de la psychanalyse, Paris: Seuil, 1973.The Seminar, Book XI: The Four Fundamental Concepts of Psychoanalysis, New York: Norton, 1981.

1965

- Having founded his own école, Lacan's renown increases considerably in his new settings at the rue d'Ulm. He keeps presenting cases of patients at Sainte-Anne; members of his école work and teach in Paris in hospitals such as Trousseau, Sainte-Anne and Les Enfants Malades; and others join universities or hospitals in the provinces (Strasbourg, Montpellier, Lille). In his seminars he explains his project to teach "the foundations of psychoanalysis" as well as his position within the psychoanalytic institution. His audience is made of analysts but also of young students in philosophy at the E.N.S., notably Jacques-Alain Miller, to whom Althusser assigns the reading of "all of Lacan" and who actually does it. It is him who asks Lacan the famous question: "Does your notion of the subject imply an ontology?"
- Le séminaire, Livre XII: Problèmes cruciaux pour la psychanalyse, unpublished.

1966

- Lacan wants to continue to train analysts, his first priority. Yet, at the same time, his teaching is addressed to the non analysts, and thus he raises these questions: Is psychoanalysis a science? Under what conditions is it a science? If it is-the "science of

the unconscious" or a "conjectural science of the subject"-what can it, in turn, teach us about science? Cahiers pour l'Analyse, the journal of the Cercle d'Epistémologie at the E.N.S. is founded by Alain Grosrichard, Alain Badiou, Jean-Claude Milner, François Regnault and Jacques-Alain Miller among others. It publishes texts by Lacan in three of its issues that very year. In July Judith Lacan marries Jacques-Alain Miller.

- Écrits, Paris: Seuil, 1966. Écrits, A Selection, New York: Norton, 1977. The French version immediately became a best-seller and draws considerable public attention to the école far beyond the intelligentsia.
- Le séminaire, Livre XIII: L'objet de la psychanalyse, unpublished.

1967

- Lacan states in the Acte de Fondation that he shall undertake the direction of the école during the four years, "a direction about which nothing at present prevents me from answering." In fact Lacan remains its director until the dissolution in 1980. He divides the école into three sections: the section of pure psychoanalysis (training and elaboration of the theory, where members who have been analyzed but haven't become analysts can participate); the section for applied psychoanalysis (therapeutic and clinical, physicians who have neither completed nor started analysis are welcome); the section for taking inventory of the Freudian field (it concerns the critique of psychoanalytic literature and the analysis of the theoretical relations with related or affiliated sciences). To join the école, the candidate has to apply to an organized work-group: the cartel.
- “Proposition du 9 octobre 1967 sur le psychanalyste à l'Ecole,” Scilicet 1.
- Le séminaire, Livre XIV: La logique du fantasme, unpublished.

1968

- The novelty of the proposition of 1967 lies in the modification of access to the title of Analyst of the École (A.E.), a rank superior to that of Member Analyst of the École (A.M.E.). The analysts appointed as A.E. are those who have volunteered for the passe and have come victorious out of the trial. The passe consists of testifying, in front of two passeurs, to one's experience as an analysand and especially to the crucial moment of passage from the position of analysand to that of analyst. The passeurs are chosen by their analysts (generally analysts of the école) and should be at the same stage in their analytic experience as the passant. They listen to him and then, in turn, they testify to what they have heard in front of a committee for approval composed of the director, Lacan, and of some A.E. This committee's function is to select the analysts of the école and to elaborate, after the selecting process, a "work of doctrine."
- Le séminaire, Livre XV: L'acte psychanalytique, unpublished.

1969

- The issue of the passe keeps invading the E.F.P.'s life. "Le quatrième groupe" is formed around those who resign from the E.F.P. disputing over Lacan's methods for the analysts' training and accreditation. Lacan takes a stand in the crisis of the university that follows May 1968: "If psychoanalysis cannot be articulated as a knowledge and taught as such, it

has no place in the university, where it is only a matter of knowledge." The E.N.S. director, Flacelière, finds an excuse to tell Lacan that he is no longer welcome at the E.N.S. at the beginning of the academic year. Moreover, Cahiers pour l'Analyse has to stop its publication, but Vincennes appears as an alternative. Michel Foucault asks Lacan to create and direct at Vincennes the Department of Psychoanalysis. Lacan suggests that S. Leclaire, rather than himself, should undertake the project. Classes start in January. Thanks to Lévi-Strauss Lacan moves his seminars to the law school at the Panthéon.

- Le séminaire, Livre XVI: D'un Autre à l'autre, unpublished. In there Lacan argues that "the Name-of-the-Father is a rift that remains wide open in my discourse, it is only known through an act of faith: there is no incarnation in the place of the Other."

1970

- In his seminar L'envers de la psychanalyse Lacan establishes the four discourses: Master's, university's, hysteric's and the analyst's discourse. He discusses the Father of Totem and Taboo who is all love (or jouissance) and whose murder generates the love of the dead Father, a figure to whom he opposes both the Father presiding over the first idealization and the Father who enters the discourse of the Master and who is castrated from the origin. "The death of the father is the key to supreme jouissance, later identified with the mother as the aim to incest." Yet psychoanalysis is not constructed on the proposition 'to sleep with the mother' but on the death of the father as primal jouissance. The real father is not the biological one but he who upholds "the Real as impossible." In "Radiophonie, "Scilicet2/3, Lacan argues that "if language is the condition of the unconscious, the unconscious is the condition of linguistics." Freud anticipated Saussure and the Prague Circle by sticking to the letter of the patient's word, to jokes, to slips, by bringing into light the importance of condensation and displacement in the production of dreams. The unconscious states that "the subject is not the one who knows what he says." Whoever articulates the unconscious must say that it is either that or nothing.
- Le séminaire, Livre XVII: L'envers de la psychanalyse, Paris: Seuil, 1991.

1971

- One novelty in Lacan's teaching is his return to the hysteric with Dora and la Belle Bouche erre (the Beautiful Mouth wanders and an allusion to the beautiful butcher's wife analyzed by Freud and carried on in La direction de la cure Three questions: the relation between jouissance and the desire for unfulfilled desire; the hysteric who 'makes the man' (or the Master) insofar as she constructs him as "a man prompted by the desire to know;" a new conception of the analytic treatment as a "hysterization of discourse."
- Le séminaire, Livre XVIII: D'un discours qui ne serait pas du semblant, unpublished.

1972

- As to Lacan "in psychoanalysis (as well as in the unconscious) man knows nothing of woman, and woman nothing of man. The phallus epitomizes the point in myth where the sexual becomes the passion of the signifier." For him the structure is the body of the symbolic: "there is no sexual rapport, implies no sexual rapport that can be formulated in

the structure." There is "no appropriate signifier to give substance to a formula of sexual rapport."

- "L'étourdit" Scilicet 4.
- Le séminaire, Livre XIX: ... ou pire, unpublished.

1973

- In Encore Lacan argues that woman would only enter in the sexual rapport quoad matrem (as a mother) and man quoad castrationem (phallic jouissance). Hence there is no real rapport and love as well as speech make up for his absence. And he adds: "There is woman only as excluded by the nature of words,...for man she is on the side of truth and man does not know what to do with it." In Le savoir psychanalytique from 1972, Lacan argues: "I am not saying that speech exists because there is no sexual rapport. I am not saying either that there is no sexual rapport because speech is there. But there is no sexual rapport because speech functions on that level that analytic discourse reveals to be specific to speaking human beings. The importance, the preeminence of what makes sex a semblance, the semblance of men and women. Between man and love, there is woman; between man and woman, there is a world; between man and the world, there is a wall. What is at stake in a serious love relationship between a man and a woman is castration. Castration is the means of adaptation to survival."
- Le séminaire, Livre XX: Encore, Paris: Seuil, 1975.The Seminar, Book XX: On Feminine Sexuality, the Limits of Love and Knowledge: Encore, New York: Norton, 1998.

1974

- The Vincennes Department of Psychoanalysis is renamed "Le Champ freudien;" Lacan, director, and Jacques-Alain Miller, president. In Télévision, Paris: Seuil, (the text is based on a broadcast on the ORTF produced by Benoît Jacquot) Lacan makes is famous statement: "I always speak the truth. Not the whole truth, because there's no way to say it all. Saying it all is materially impossible: words fail. Yet it is through this very impossibility that the truth holds to the real."Television, New York: Norton, 1990.
- Le séminaire, Livre XXI: Les non-dupes errent, unpublished.

1975

- Lacan travels to the United States where he lectures at Columbia University (Auditorium, School of International Affairs), general discussion at Yale University (Kanzer Seminar and Law School Auditorium) followed by another general discussion at the Massachusetts Institute of Technology.
- Le séminaire, Livre XXII: R.S.I. in Ornicar?

1976

- Lacan posits that the notion of structure does not allow to create a common field uniting linguistics, ethnology and psychoanalysis. Linguistics has no hold over the unconscious because "it leaves as a blank that which produces effects in the unconscious: the objet a, the very focus of the analytical act, and of any act. "Only the discourse that is defined in

the terms of psychoanalysis manifests the subject as other giving him the key to his division, whereas science, by making the subject a master, conceals him to the extent the the desire that gives way to him bars him from me without remedy." There is only one myth in Lacan's discourse: the Freudian Oedipus complex.

- Le séminaire, Livre XXIII: Le sinthome, in Ornicar?

1977

- Le séminaire, Livre XXIV: L'insu que sait de l'une bévue s'aile à mourre, in Ornicar?

1978

- Le séminaire, Livre XXV: Le moment de conclure. One session only published as "Une pratique de bavardage," Ornicar?

1979

- Le séminaire, Livre XXVI: La topologie et le temps, unpublished.

1980

- On January 9, Lacan announces the dissolution of the EFP in a letter addressed to members and published in Le Monde. He asks those who wish to continue working with him to state their intentions in writing. He receives over one thousand letters within a week. On February 21, Lacan announces the founding of "La Cause freudienne." In July he attends an international conference in Caracas. "I have come here before launching my Cause freudienne. It is up to you to be Lacanians if you wish; I am Freudian."
- Le séminaire, Livre XXVII: Dissolution, in Ornicar?

1981

- September 9, Lacan dies in Paris.

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Assessment of Stress in Media Personnel

(Old Media and New Media)

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ABSTRACT

The paper is aimed at studying the stress level in media personnel. The physical Stress Scale by Rekha Paliwal & Shanu Maheshwari was used for data collection, based on which a detailed description of the analysis and interpretation of data is outlined. All statistics were calculated using the Statistical Package for Social Sciences (SPSS). Descriptive data together with, significant and non significant findings of independent T test have been reported. The present research work has following variables: The sample consisted of total 120 Personnel of Media who were purposively selected. 30 were Old Media Male Personnel & 30 were Old Media Female Personnel of Old Media Category, another 30 New Media Male Personnel & 30 New Media Female Personnel were of Old Media Category. The results obtained showed significant difference between the two comparative groups of Old Media and New Media.

Keywords: *Stress, Media, Media Personnel*

Media constitute the eyes of the human society, which is akin to a human being. The media personnel constitute the nerves in these eyes. The health of these nerves and eyes determines what the society sees, how it feels and the way in which it responds. Today, these eyes are exposed to enormous stress and strain due to rapidly changing, complicated and hence confusing and disturbing events in the world. What's stressful to one person may be all in a day's work for another. The difference appears to lie in our perceptions of various events. Media personnel who work in difficult situation are prone to stress than people of any other occupation. Further, it has been reported that 2007 has been a difficult year for journalists as a record number of personnel had been killed or injured while on duty. Mental health professionals believe personality plays a significant role in how we perceive stress.

Stress has become an integral part of modern work life, but it can lead to a range of physical ailments, such as heart disease, mental problems, lack of sleep and loss of resistance to illness.

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Radio and TV broadcasting work involves a number of potential hazards, including looming deadlines, team work, shift work, changing technology, demands on productivity, on-going competition and resource management, which necessitate proper individual and organizational stress management.

In one of the studies, self-reported overtime and sick leave seem to be associated with a higher level of self-reported stress, regardless of age, gender or work duty. Studies also show that men and women handle stress differently — a difference that some scientists attribute, in part, to estrogen. This hormonal difference may also account for the fact that women are three times more likely to develop depression in response to the stress in their lives than men. Women, unlike men, also tend to have stronger social support networks to which they turn to during times of stress. These social supports may help explain why women, in general, seem to be better able to cope with stress than men.

The concept of Stress was first coined by Hans Selye in 1936. Derived from the Latin word “stringere”, stress was used to mean hardship, adversity or affliction. It was used in 18th and 19th centuries to denote force, pressure, strain or strong effort with reference to an object or person (Pestonjee, 1999).

It is important to recognize that stress is a state, not an illness, which may be experienced as a result of an exposure to a wide range of work demands and in turn can contribute to an equally wide range of outcomes, which may concern the employee’s health and be an illness or an injury, or changes in his/her behavior and lifestyle. This arises from a study that showed that three quarters of executives say that stress adversely affects their health, happiness and home life as well as their performance at work.

Job stress can have a substantial negative effect on physical and emotional health. Williams and Huber (1986) provide a comprehensive list of the symptoms of stress. These are: "constant fatigue, low energy level, recurring headaches, gastrointestinal disorders, chronically bad breath, sweaty hands or feet, dizziness, high blood pressure, pounding heart, constant inner tension, inability to sleep, temper outbursts, hyperventilation, moodiness, irritability and restlessness, inability to concentrate, increased aggression, compulsive eating, chronic worrying, anxiety or apprehensiveness, inability to relax, growing feelings of inadequacy, increase in defensiveness, dependence on tranquilizers, excessive use of alcohol, and excessive smoking." Furthermore, job stress can make people more susceptible to major illnesses. High stress managers are twice as prone to heart attacks as low stress managers. (Rosenman and Friedman, 1971)

Excessive job-related stress is not a small or isolated problem. Over one-third of all American workers thought about quitting their jobs in 1990. One-third believe they will burn-out in the near future, and one-third feel that job stress is the single greatest source of stress in their lives.

Nearly three-fourths of all workers feel that job stress lowers their productivity, and they experience health problems as a consequence. (Lawless, 1991, 1992) Furthermore, this is not exclusively a United States phenomena. A Japanese poll conducted by the Health and Welfare Ministry in 1988 indicated that 45 percent of workers felt stress from their jobs. (Asahi News Service, 1990)

Recent studies have found evidence of dangerous physical changes attributed to prolonged stress. One New York study reported a twenty gram increase in heart muscles of those suffering from job stress. There was a significant "thickening of the heart's left ventricle, or chamber, a condition that often precedes coronary heart disease and heart attacks." (Pieper, C., 1990) *Omni* magazine (March, 1991) wrote about a series of experiments with rats to examine the physiological effects of prolonged stress. The researchers found that there was actually a loss of neurons in the hippocampus section of their brains. The article concluded with a warning that there is some evidence of a similar neuron loss occurs in humans.

METHODOLOGY

Objective

To study and compare the difference between stress level among Old Media Personnel and New Media Personnel, male and female, Old Media Male & Old Media Female, New Media Male & New Media Female, Old Media Male & New Media Male, Old Media Female New Media Female.

Hypotheses

There would be no significant difference between stress level among Old Media Personnel and New Media Personnel, male and female, Old Media Male & Old Media Female, New Media Male & New Media Female, Old Media Male & New Media Male, Old Media Female New Media Female.

Sample

On the basis of purposive sampling the size of sample consist of total 120 media people, 60 old media personnel 60 new media personnel. Both the genders were taken as sample. The sample consists of junior and main performance artists as old media personnel who performed the acts in the cable television, and the post production team as new media personnel who work for the progress of the act performed by the performance artists.

Variables

Independent Variable:

Types of Media : Old Media Personnel (performance artists of cable TV) & New Media Personnel (post production team)**.** Gender : Male & Female

Dependent Variable: Stress

Description of the test

Dr. Rekha Paliwal and Shanu Maheshwari have prepared the Psycho-Physical Stress scale. It is suitable for personal as well as group administration, 25 statements with highest t-values were selected to be worked out on 2 point scale. The positive items are to be scored 1 and negative items as 0.

RESULT AND DISCUSSION

Appropriate statistics were used using SPSS. In which descriptive and inferential statistics were calculated as follows:

RESULTS TABLES : DESCRIPTIVE STATISTICS

Category	N	Mean	S.D.	S.E.M.	Mean Diff
OMP/NMP	60	18.38	2.585	.334	3.300
	60	15.08	3.647	.471	
Male/Female	60	15.17	3.697	.477	-3.133
	60	18.30	2.619	.338	
OMMP/OMFP	30	17.23	2.239	.409	-2.300
	30	19.53	2.417	.441	
NMMP/NMFP	30	13.10	3.736	.682	-3.967
	30	17.07	2.227	.407	
OMMP/NMMP	30	17.23	2.239	.409	4.133
	30	3.736	.682	13.10	
OMFP/NMFP	30	19.53	2.417	.441	2.467
	30	17.07	2.227	.407	

Table :1, Mean and SD in relation to Stress in Media Personnel

From table 1 it can be depicted that Old Media Personnel seem to be restoring high scores on stress level (n=60, mean=18.38, SD=2.585) than New Media Personnel whose scores indicates lower level (n=60, mean= 15.08, SD=3.647). Female Media Personnel seem to be restoring high scores on stress level (n=60, mean=18.30, SD=2.619) than Male Media Personnel whose scores indicates lower level (n=60, mean= 15.17, SD=3.697). Old Media Female Personnel seem to be restoring high scores on stress level (n=60, mean=19.53, SD=2.417) than Old Media Male Personnel whose scores indicates lower level (n=60, mean= 17.23, SD=2.239). New Media Female Personnel seem to be restoring high scores on stress level (n=60, mean=17.07, SD=2.227) than New Media Male Personnel whose scores indicates lower level (n=60, mean= 13.10, SD=3.736). Old Media Male Personnel seem to be restoring high scores on stress level (n=60, mean=17.23, SD=2.239) than New Media Male Personnel whose scores indicates lower level (n=60, mean= 13.10, SD=3.736). Old Media Female Personnel seem to be restoring high scores on stress level (n=60, mean=19.53, SD=2.417) than New Media Female Personnel whose scores indicates lower level (n=60, mean= 17.07, SD=2.227).

INFERENTIAL STATISTICS:

Category	N	t	p
OMP/NMP	60	5.719	.000
	60		
Male/Female	60	-5.357	.000
	60		
OMMP/OMFP	30	-3.823	.000
	30		
NMMP/NMFP	30	-4.995	.000
	30		
OMMP/NMMP	30	5.198	.000
	30		
OMFP/NMFP	30	4.110	.000
	30		

Table 22, Independent T test analysis *P<.05 **P<.01

As depicted in table (2) Independent sample T tests were conducted to compare the variables (Stress) in OMP and NMP and revealed a significant difference in the scores for OMP and NMP. The significant difference on Stress level was observed as t =5.719, P < .000

Independent sample T tests were conducted to compare the variables (Stress) in MMP and FMP and revealed a significant difference in the scores for MMP and FMP. Stress level was observed as t = -5.357, P < .000.

Independent sample T tests were conducted to compare the variables (Stress) in OMMP and OMFP and revealed a significant difference in the scores for OMMP and OMFP. The significant difference on Stress level was observed as t = --3.823, P < .000.

Independent sample T tests were conducted to compare the variables (Stress) in NMMP and NMFP and revealed a significant difference in the scores for NMMP and NMFP. The significant difference on Stress level was observed as t = -4.995, P < .000.

Independent sample T tests were conducted to compare the variables (Stress) in OMMP and NMMP and revealed a significant difference in the scores for OMMP and NMMP. The significant difference Stress level t = 5.198, P < .000.

Independent sample T tests were conducted to compare the variables (Stress) in OMFP and NMFP and revealed a significant difference in the scores for OMFP and NMFP. The significant difference on Stress level t = 4.110, P < .000.

CONCLUSION & DISCUSSION

Stress is an important psychological concept that can affect health, well-being and job performance in negative dimensions, (Mojoyinola, 1984; and Olaleye, 2002). It is regarded as a force that pushes a physical or psychological factor beyond its range of stability, producing a strain within the individual. Stress is the process by which environmental events (stressors or challenges) threaten us, how these threats are interpreted, and how they make us feel (Baum et al, 1997). Lazarus (1966), conceived stress to be a threat of anticipation of future harm, either physical or psychological events that lower an individual self-esteem. It is an affective behaviour and physical response to aversive stimuli in the environment. According to Selye (1976), stress is a state within the organism characterized by general adaptation syndrome. In other word, it is the nonspecific response of the body to the demand made upon it. It suggest excessive demands that produce disturbance of physiological, sociological and psychological systems. Stress may be acute or chronic in nature (Akinboye et al., 2002). It exists in different forms. It may be psychological, emotional, social, occupation or job related. Stress experienced by workers at work is called job stress. It may be due to a number of factors such as poor working condition, excessive work load, shift work, long hours of work, role ambiguity, role conflicts, poor relationships, with the boss, colleagues or subordinate officers, risk and danger, to mention a few. Certain responses indicate the presence of job stress in an individual, or group. It may manifest by the presence of headache, sleep disturbances, difficulty in concentration, short temper, upset stomach, job dissatisfaction and low morale (NIOSH, 1998). Other manifestations or indications of presence of job stress include muscular tensions and ache, tightness in the chest, high blood pressure, heat problems, snapping and arguing with others, aggressive or hostile behaviour, blaming others or administration for tension. The above manifestations can be clearly observed in Media Personnel, which may have negative effects on their health, personal and work behaviours. The descriptive statistics obtained results, for Stress found to be high in Media Personnel. The level of Stress is likely to be more in Old Media Personnel when compared with New Media Personnel, Female Media Personnel when compared with total Male Media Personnel, Old Media Female Personnel when compared with Old Media Male Personnel, New Media Female Personnel when compared with New Media Male Personnel, Old Media Male Personnel when compared with New Media Male Personnel, Old Media Female Personnel when compared with New Media Female Personnel. Consistently supported by, Holt (1993) found that shift work can lead to a variety of physical complaints, including sleep and gastro-intestinal problems and can also interfere with the family life. It is also in the line with the findings of Lawless (1992), reported that women suffered fifteen percent more stress related illnesses than men. They also thought about quitting their jobs more often, and reported a higher incidence of burnout. Lawless proposed that this is the result of unequal pay scales and a failure of organizations to adopt policies sensitive to family issues. As more women enter the work force, the effects on their health are becoming increasingly apparent. It may be that past differences between males and females are the result of their experience in the work force, and unrelated to gender per se. Based on the Media Personnel assessment and study, the stress is not only

observed in the job but also in their personal lives like inadequate rest, publicity, popularity, walking in public, abstaining from social occasions, talking about their relationships, success of the present project or getting new flicks on the basis of the progress of the old ones. The inferential statistics results for the level of Stress indicated significance in Old Media Personnel which is found to be significant at **P=.001 level hence rejecting the **Hypothesis** stating that there would be no significant difference between the level of Stress among Old Media Personnel and New Media Personnel. There is also a significant difference in Female Media Personnel scores at the level of **P=.001 which is again rejecting **Hypothesis** stating that there would be no significant difference between the level of Stress among Male and Female Media Personnel. There is again a significant difference in Old Media Female Personnel is observed scores at the level of **P=.001 which in turn rejecting the **Hypothesis** stating that there would be no significant difference between level of Stress among Male and Female of Old Media Personnel. There is a significant difference in Female of New Media Personnel scores at the level of *P=.001 hence rejecting the **Hypothesis** stating that there would be no significant difference between the level of Stress among Male and Female of New Media Personnel. There is a significant difference in Old Media Male Personnel scores at the level of **P=.001 and here also we reject the **Hypothesis** stating that there would be no significant difference between the level of Stress in Old Media Male Personnel and New Media Male Personnel. There is again found a significant difference in Old Media Female Personnel scores at the level of **P=.001 therefore, here also we reject the **Hypothesis** stating that there would be no significant difference between the level of Stress of Female Personnel of Old Media and New Media. Therefore, the results consistently revealed that women report higher levels of chronic and daily stressors than men (Hogan, Carlson, & Dua, 2002; Ptacek, Smith, & Zanas, 1992; Tamres, Janicki & Helgeson, 2002). Using a modified version of Wheaton's chronic stress inventory, 89 L. A. Gentry et al. / Californian Journal of Health Promotion 2007, Volume 5, Issue 2, 89-102 McDonough and Walters (2001) found that women's distress scores were 23% higher than men's. Utilizing the Life Event Stressful Success Questionnaire (LESSQ), Matud (2004) asked a sample of 1,566 women and 1,250 men between the ages of 18 and 65 for the number of major life events and changes within the previous two years. Women reported being significantly more stressed than men, even when controlling for the number of life events and changes.

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Conflict of Interests

The author declared no conflict of interests.

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Differential Perception of Problem Behaviors between Parents, Teachers and Therapists

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ABSTRACT

Background: Identification, listing, and prioritizing problem behaviors, and identification of rewards require unanimity among caregivers for effective management of children. Differential perception between the child handlers can endanger behavior correction program. ***Method:*** This cross sectional survey enlists the nature, frequency and intensity of problem behaviors, examines rank order preferences for target setting, and elicits reward preferences as reported separately by 94 father-mother-teacher-therapist caregivers for and on behalf of their 31 children with intellectual/developmental disabilities. Data was collected using standardized problem behavior tool and evocative procedures like open ended interviews and key informant reports. ***Results:*** There is greater propensity toward externalizing than internalizing forms of problem behaviors in the children. The point prevalence overall frequency count of problem behaviors per respondent is 20.15 and per child is 15.44. Significant differences and inverse correlations are seen between informants on all aspects of reporting frequency, intensity and/or types of problem behavior, their prioritizing and listing of rewards. Mothers report highest number of problem behaviors in their children compared to teachers, fathers and therapists. The implications of this poor agreement are presented and discussed for optimizing problem behavior remediation programs.

Keywords: *Behavior Modification, Caregivers, Challenging Behaviors, Differential Perception, Functional Analysis, Intellectual & Developmental Disabilities*

Problem behavior management programs typically follow a sequence of steps requiring their listing, prioritizing, selection of targets for intervention, identification of rewards, making baseline observations on antecedents and consequences, before undertaking a functional-utilitarian analysis and making a choice on appropriate techniques for their correction (Walls &

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Rauner, 2015; Barkley, 2013; Marr, 2010; Herbert & Wookey, 2004; Peshawaria & Venkatesan, 1992). The skill transfer and use of behavior modification techniques on ground level is full of challenges (Martin & Pear, 2015). There are individual differences in caregivers on matters concerning how to manage problem behaviors in their children. One parent may be quite serious about the whole issue, while another may not. There could be difference of opinion on whether a given behavior is to be deemed as problematic or not. Even if some behaviors are agreed as 'troublesome', there may be disparities between caregivers on their observed frequency, intensity or magnitude. There could be disagreements on which behavior is to prioritized, how to undertaking baseline, and/or on which rewards are to be used at what time for a given child or group of children. Such disparities among caregivers turn into an advantage for the child. It would be worthwhile to empirically examine the ground situation on what happens when children show problem behaviors. How do caregivers view or observe problem behaviors in their children? Are there any similarities or differences on the nature, intensity and extensity of problem behaviors reported for their children between parents, teachers and therapists? Do they all agree or disagree on which problem behavior need to be tackled first? Do they all use similar rewards at least nearly in the same manner?

It appears that there is no settled opinion on how parents, teachers, and other caregivers view the nature, types, intensity or extensity of problem behaviors in their own children. Unfortunately, a minimal requirement for success of behavior remediation program is that all the involved stakeholders agree about which problems to address. Wherein a treatment program between the child-parent-teacher-therapist quartets begins without consensus on a single problem, chances are high that such interventions will fail (Hawley & Welsz, 2003). Going by the preceding research questions, this study is attempted with the general aim to explore the nature, frequency and intensity of problem behaviors, prioritizing as well as reward identification by key caregivers of Children with Intellectual Developmental Disabilities (CIDD). The specific objectives are:

1. To enlist the nature, frequency and intensity of problem behaviors separately as reported by fathers, mothers, teachers and therapists involved in management of their CIDD;
2. To examine the rank order preferences of prioritizing problem behaviors for remediation as reported separately by fathers, mothers, teachers and therapists involved in management of their CIDD; and,
3. To elicit the reward preferences as given separately by fathers, mothers, teachers and therapists involved in management of their CIDD.

METHOD

This study uses cross sectional randomized survey design combining behavior observation, use of standardized problem behavior assessment tools, and key informant interview techniques to elicit the different perceptions on or about identification, listing and prioritizing of problem behaviors as well as preferred rewards for CIDD by their caregivers including father, mother,

teacher, as well as therapist respondents. The key variables targeted in this enquiry are: 'problem behavior' and 'rewards'.

Operational Definitions

Skill or adaptive behavior contrast maladaptive, dysfunctional, non-productive problem behaviors. Problem behaviors are considered as negative, undesirable, or challenging. By definition, such behaviors are deemed as not being age or situation appropriate, interfering in the learning of new behaviors, harmful to self or others, occurring in magnitude sufficient to cause stress on others (Venkatesan, 2004). A distinction is to be made between behavior problems of non-clinical nature from those which is part of full-fledged clinical diagnostic conditions like Opposition Defiant Disorder, Attention Deficit/Hyperactivity Disorder, or Conduct Disorder (APA, 2013; WHO, 2013). A developmental, socio-economic and cultural perspective is vital for identification or definition of behavioral abnormalities in children (Venkatesan, 2010). Bed-wetting, avoidance of strangers or fear of darkness, for example, in a particular age is typical and beyond a developmental stage, they are viewed as problem behavior. More than being a passing age related phenomenon, persisting behavior problems are shown to have long term negative outcome for affected children, their family and society (Sroufe & Rutter, 1984).

The term 'reward' as explained in this study refer to things, activities or events liked or preferred by an individual and thereby which would increase the probability of occurrence for that behavior for that person to behave in the same manner again and again. Rewards come in many forms and are classified in different ways. The classification of rewards used herein covers primary or edibles, activities, things or materials, social, tokens, sensory and privileges or positions respectively.

Participants

Based on convenience sampling, 94 respondents including fathers (N: 21), mothers (N: 24), teachers (N: 23) and therapists (N: 26) of 31 CIDD in age range between 4-12 years (Mean: 7.56; SD: 3.11) were recruited for this study. The teachers were handling such children either at their regular or special schools or during home tuitions. The therapists were post graduate level interns or higher with background from disciplines like speech language pathology or psychology designated to provide one-to-one therapy to the affected sample of children. The father-mother participants, although involved separately during data collection, included single and both parents for a given child.

Tools

Problem behavior assessment was undertaken by using eliciting and evocative procedure. Eliciting techniques involved use of formal checklist, such as, Problem Behavior Survey Schedule (PBSS; Venkatesan, 2015; 2013). Evocative techniques like open ended non-directive interviews and key-informant reports based on field observation was used. The PBSS is 100 item

tool grouped under 11 domains. The scoring of each child on PBSS is carried out on two counts: 'Frequency Count Score' (FCS) based on presence or absence of given problem behaviors; and 'Intensity Count Score' (ICS). The former is marked as 'present' (Score: One) or 'absent' (Score: Zero). The latter is calculated on a 3-point rating scale: 'never' (Score: Zero), 'occasionally' (Score: One), and 'frequently' (Score: Two). The maximum possible FCS on PBSS is 100 and ICS is 200 for a given child. The inter-rater reliability coefficient for PBSS is reported as 0.91 (p: <0.001) and 3-week test-retest reliability is 0.89 (p: <0.001).

Procedure

The respondents were instructed to fill the PBSS for or on behalf of their child being handled in their respective school, home and/or therapy setting. Further, they were individually interviewed on a semi-structured response protocol to elicit details on what they deemed would be the things, events, or activities which may have reward value for their child. The collected data sets were in the form of frequency, intensity and total counts of problem behaviors identified, listed and prioritized by individual respondents. It also covered a list of rewards presumed by them as 'effective' while working with their children. The domain wise classification and categorization of problem behaviors as given in the tool used for the study was retained. Data collection was initiated after securing informed consent from the participants as mandated by the ethical guidelines in the institute (Venkatesan, 2009). The period of study extended between January-December, 2015. All data entry, consolidation, mining and statistical analysis were carried out on IBM SPSS Statistics, 16.0 (Brace, Kemp & Snelgar, 2012).

RESULTS

The results are arranged in sequential sub-headings: (a) Distribution of Problem Behaviors; (b) Correlation Analysis; (c) Ranking of Prioritized Problem Behaviors; and (d) Identification and Reporting of Rewards

Distribution of Problem Behaviors:

Even as different overall profiles of frequency, intensity and cumulative raw scores emerge without statistically significant differences (p: >0.05), there appears to be greater propensity toward externalizing than internalizing forms of problem behaviors in the children (Table 1).

Insert Table 1 about Here

Scores on PBSS across respondents (Table 2) show that mothers (N: 24; Mean: 21.83; SD: 6.49) report highest frequency of externalizing problem behaviors against least number of internalizing problem behaviors by teachers (N: 23; Mean: 5.83; SD: 1.80). A high intensity of externalizing problem behaviors (N: 24; Mean: 29.66; SD: 9.16) and internalizing problem behaviors (N: 24; Mean: 14.29; SD: 4.58) is also reported by mothers. The least intensity of externalizing problem behaviors (N: 26; Mean: 8.96; SD: 3.07) is reported by therapists and lowest internalizing

problem behaviors (N: 23; Mean: 7.43; SD: 2.38) is reported by teachers. As it appears, mothers are reporting twice the frequency for occurrence of externalized problem behaviors as fathers (N: 21; Mean: 10.14; SD: 3.93) and thrice as much as therapists (N: 26; Mean: 7.23; SD: 2.54). Likewise, their measured intensity of internalized problem behaviors (N: 24; Mean: 11.08; SD: 3.87) is also twice as much reported by teachers (N: 23; Mean: 5.83; SD: 1.80). These trends may be since mothers are frequently required to spend most of the time in a given day with the affected child as compared to evening or week-end visits by fathers, part-of-the-day-care rendered by teachers and only hourly consultations given by therapists. This is reiterated by the observation that the reported intensity of externalized problem behaviors are twice as much low with fathers (N: 21; Mean: 12.95; SD: 4.88) and thrice as much low as therapists (N: 26; Mean: 8.96; SD: 3.07). Even as mothers admit to greater difficulty with problem behaviors, there is poor agreement in the estimates of frequency, intensity and total scores on PBSS as given by the four caregivers (p: <0.001). Going by sub-types of problem behaviors, 'violent and destructive behaviors' are reported highest followed by 'misbehavior with others' and 'hyperactivity', while 'fears' and anti-social behaviors' is reported least across all respondents.

Insert Table 2 about Here

Correlation Analysis

Correlations were computed among four types of caregivers for frequency, intensity and overall scores on PBSS for 94 respondents on behalf of 31 children. The results suggest that moderate levels of correlations (r: +.38 to .61, p<.05, two tailed) was statistically significant between teacher and therapists estimations of frequency and intensity of problem behaviors. Similarly, correlations were significant although ranging from inversely to positively for 6 out of 9 times (r: -.29 to +.49) between father and teacher. In general, the results suggest that correlations are by and large low and often inverse when it comes to frequency, intensity as well as total score counts on PBSS between all four varieties of respondents. This suggests that mothers see and report more problem behaviors as well as their greater intensities wherein the fathers of the same children do not do not mention as many. If at all, the teachers appear to go slightly along with the therapists of the same children with regard to their estimates on the frequency and intensity of problem behaviors on the same children.

Insert Table 3 about Here

Rank Order of Prioritized Problem Behaviors:

Respondents were independently asked to prioritize the identified and listed problem behaviors in their wards. The pooled rankings (Table 4) show poor agreement between all respondents. For example, while fathers prioritize 'misbehavior with others', 'anti-social behaviors', and 'odd behaviors' to be set as immediate targets for behavior correction in their children, mothers list 'rebellious behavior', 'violent and destructive behavior' and 'temper tantrums' as their

immediate concerns. Although distinct from parent priorities, teacher and therapist informants appear to be more concerned about 'hyperactivity', 'misbehavior with others', 'repetitive behaviors' and/or 'odd behaviors'. All the respondents appear least concerned about 'fears' in the children. This implies that their concerns and priorities are different for identification and listing of problem behaviors to be targeted for correction in the children.

Insert Table 4 about Here

Identification & Reporting of Rewards:

Rewards constitute the bedrock for the planning and implementation of any successful problem behavior correction program. The caregivers need to not only correctly identify, list and procure appropriate rewards for a given child or group of children, but also, dispense them properly by following the rules of consistency, constancy, clarity, immediacy, and variety. In the first place, it is seen that the number of items or events identified as rewards (N: 105) by informants (N: 94) is itself meager (Mean: 1.12). While this is so, it is also seen that caregivers seem to believe only in the potency of 'primary' rewards (N: 55 out of 105; 52.38%), followed by 'activity' rewards (N: 28 out of 105; 26.67%) and 'material' rewards (N: 25 out of 105; 23.81%)(Table 5).

Insert Table 5 about Here

DISCUSSION

The findings highlight the different frequency or intensity and total mean estimates of problem behaviors as reported by various caregivers, including fathers, mothers, teachers and therapists for the same target child or group of children. In an earlier study, 666 problem behaviors were reported by parents for and on behalf of a sample of 300 children targeted in that enquiry with a greater tendency for certain types of maladaptive behavior based on severity of intellectual disability, type of family, age and gender (Peshawaria, Venkatesan, & Menon, 1990). There is a finding that typical children from dual parent family background, especially girls from rural areas, have significantly fewer behavior problems than their counterparts from single parent households (Ganesha & Venkatesan, 2012). The typical theoretical profile emerging from another collateral study was one of a girl child raised in rural areas by a single younger aged father between 20-40 years as being the most vulnerable for problem behaviors characterized by anxious-depressed' type contrasting those brought up by single mothers who showed withdrawn-depressed attention seeking somatic complaints (Ganesha & Venkatesan, 2013). A majority of their sample was found to fall in the range of 'mild' and/or 'moderate' level with greater 'internalizing' than 'externalizing' problem behaviors in a survey of 1125 middle-high school urban children in a south Indian city (Vijayaprakash, Venkatesan & Begum, 2013). That the concerns and priorities of different caregivers vary when it comes to identification and listing of problem behaviors to be targeted for correction in their children is shared by other studies. While it was shown that parents perceive 'disobedience' followed by 'physical harm toward others',

'odd behaviors' and 'damages property' as most frequent problem behaviors in their children with intellectual disabilities, 'restless and physically overactive', 'inattentive', and 'misbehavior with others' were earmarked as topmost concerns for the same children by their teachers (Peshawaria, Venkatesan, Mohapatra & Menon, 1990).

Such differences in interpersonal perception are stated on 'reported causes' and 'management strategies' used by parents of children with problem behaviors (Venkatesan & Vepuri, 1993). For example, it was found that parents attribute 'cause' of problem behaviors as due to their 'child's primary condition' rather than due to anomalies in their own care giving, ineffective parenting, and/or environmental situations. Ritter (1989) noted how teacher tolerance influence their perception of problem behavior for adolescents identified as emotionally disturbed. Schaughency & Lahey (1985) found mother ratings of their children's problem behaviors were significantly correlated with teacher ratings, but father ratings were not. This is contrary to the report by Webster-Stratton (1988) who found father perception of their child behaviors were significantly correlated with teacher ratings, but mother ratings were not.

Kolko & Kazdin (1993) examined the correspondence among child, parent and teacher reports for their ratings on emotional and behavioral problems in 6-13 year old group to report moderate range, but not significantly different, correlations between parent and teacher informant ratings. In another study, modest and independent associations were found between teachers and parent reports on internalizing and externalizing child behavior problems than those between mother and father perspectives in the assessment of their children's behavior problems (Phares, Compas & Howell, 1989).

That the value and power of other types of rewards, apart from expensive primary and material rewards, is not recognized or acknowledged by caregivers is supported by earlier studies (Venkatesan, Peshawaria & Anuradha, 1996). Some studies show low agreement between multiple informants reporting only in some age groups or for certain types of children's behavior problems but not in others. For example, agreement between mother and father reports are reported high, whereas agreement between mother and teacher reports is lowest or disagreement between informants was highest for internalizing than externalizing problem behaviors (Grietens et al. 2004). Such informant discrepancies are attributed to the nature of relationships with their children (Treutler & Epkins, 2003).

CONCLUSION

In sum, the results of this study highlight that the point prevalence overall frequency count of problem behaviors per respondent is 20.15 and per child is 15.44. Significant differences and inverse correlations are seen between informants on all aspects of reporting, prioritizing and listing of rewards. The number of other directed externalized problem behaviors reported per respondent (11.45) and per child (8.77) is higher than the inner directed internalized problem

behaviors per respondent (8.70) and per child (6.66) in this sample of children. In relation to reported intensity of problem behaviors, there appears to be only a marginal difference between 1.30 and 1.33 out of a maximum of 3 between the internalized and externalized domains of problem behavior.

Analysis of overall frequency scores on PBSS across respondents show mothers report highest frequency of problem behaviors in their children compared to relatively less numbers by teachers, fathers and therapists. With regard to sub-types of problem behaviors, 'violent and destructive behaviors' are reported highest followed by 'misbehavior with others' and 'hyperactivity', while 'fears' and anti-social behaviors' get reported least across respondents.

Multiple correlation analysis show that mothers see and report more problem behaviors as well as estimate their greater intensities wherein fathers of the same children do not do not mention as many. If at all, the teachers appear to go in line with therapists with regard to their estimates on frequency and intensity of problem behaviors.

The concerns and priorities of caregivers are different when it comes to the first step of identification and rank order listing or prioritizing of problem behaviors to be targeted for correction in their children. The number of identified rewards by informants is minimal as also it is seen that caregivers seem to believe only in the potency of 'primary', 'activity' and 'material' rewards with little or no value and power being ascribed for other types of rewards.

The implications of this poor agreement across key caregivers on all aspects of identification, listing, estimating, or prioritizing problem behaviors in children has direct bearing upon the need to address this issue during all individualized and group based problem behavior remediation programs.

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Conflict of Interests

The author declared no conflict of interests.

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Table 1, Domain Wise Distribution of PBSS Scores
(N: 95 Respondents on behalf of 31 children)

Domains of Problem Behavior	Number of Items	OVERALL		
		Frequency Score	Intensity Score	Total Score
Violent & Destructive Behavior	16	437	566	1003
Temper Tantrums	4	144	230	374
Misbehavior with Others	14	286	353	639
Rebellious Behavior	6	194	262	456
Antisocial Behaviors	14	27	37	64
Externalizing*	**54**	**1088**	**1448**	**2536**
Self Injurious Behavior	11	148	173	321
Repetitive Behaviors	9	152	179	331
Odd Behaviors	10	88	103	191
Hyperactivity	3	226	350	576
Fears	4	121	143	264
Others	9	91	124	215
Internalizing**	**46**	**826**	**1072**	**1898**
Overall Raw Scores	**100**	**1914**	**2520**	**4434**

* For externalizing problem behaviors X^2: 4.0725; p: 0.396; NS;
** For internalizing problem behaviors X^2: 7.0103; p: 0.135; NS;

Table 2, Distribution of Mean Scores on PBSS as reported by Different Respondents

Domains of Problem Behavior	Number of Items	Frequency Score-Respondent/s^				Intensity Score-Respondent/s^^				Total Score^^^			
		Father (N:21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)	Father (N:21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)	Father (N:21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)
Violent & Destructive Behavior	16	60	193	126	58	64	262	166	74	124	455	292	132
Temper Tantrums	4	24	70	26	26	34	127	35	34	58	197	61	60
Misbehavior with Others	14	51	100	82	53	72	111	106	64	123	211	188	117
Rebellious Behavior	6	32	86	44	32	49	122	52	39	81	208	96	71
Antisocial Behaviors	14	11	14	1	1	13	21	1	2	24	35	2	3
Sub-Total Externalizing Score↑	**54**	**178**	**463**	**279**	**170**	**232**	**643**	**360**	**213**	**410**	**1106**	**639**	**383**
Mean		**10.14**	**21.83**	**13.70**	**7.23**	**12.95**	**29.66**	**17.39**	**8.96**	**22.62**	**51.92**	**31.04**	**16.27**
SD		**3.93**	**6.49**	**5.09**	**2.54**	**4.88**	**9.16**	**6.17**	**3.07**	**8.74**	**15.92**	**11.24**	**5.47**
Self Injurious Behavior	11	41	77	12	18	45	92	15	21	86	169	27	39
Repetitive Behaviors	9	35	61	36	20	40	79	40	20	75	140	76	40
Odd Behaviors	10	22	16	26	24	28	17	29	29	50	33	55	53
Hyperactivity	3	44	65	47	70	60	105	74	111	104	170	121	181
Fears	4	30	47	13	31	40	50	13	40	70	97	26	71
Others	9	22	32	6	31	31	49	7	37	53	81	13	68

Domains of Problem Behavior	Number of Items	Frequency Score-Respondent/s^				Intensity Score-Respondent/s^^				Total Score^^^			
		Father (N:21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)	Father (N:21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)	Father (N:21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)
Sub-Total Internalizing Score↑	**46**	**194**	**298**	**140**	**194**	**244**	**392**	**178**	**258**	**438**	**690**	**318**	**452**
Mean		**8.19**	**11.08**	**5.83**	**6.27**	**10.14**	**14.29**	**7.43**	**8.50**	**18.33**	**25.38**	**13.00**	**14.46**
SD		**3.28**	**3.87**	**1.80**	**2.11**	**5.01**	**4.58**	**2.38**	**3.04**	**8.17**	**8.55**	**3.90**	**4.79**
Total Raw Score	**100**	**372**	**761**	**419**	**364**	**476**	**1035**	**538**	**471**	**848**	**1796**	**957**	**835**

*For externalizing problem behaviors: ^ X^2: 36; df: 12; p: 0.001; ^^ X^2: 76.22; df: 12; p: 0.001; ^^^ X^2: 107.89; df: 12; p: 0.001;
For internalizing problem behaviors: ^ X^2: 68.69; df: 12; p: 0.001; ^^ X^2: 146.27; df: 12; p: 0.001; ^^^ X^2: 165.42; df: 12; p: 0.001;

Table 3, Inter-Correlation Matrix on Distribution of Scores on PBSS as reported by Different Respondents

Variable→		Frequency Score				Intensity score				Total Score			
↓	Informant	Father (N:21)	Mother (N:24)	Teacher (N:23)	Therapist (N:26)	Father (N:21)	Mother (N:24)	Teacher (N:23)	Therapist (N:26)	Father (N:21)	Mother (N:24)	Teacher (N:23)	Therapist (N:26)
	Father	1.00				1.00				1.00			
Frequency Score	Mother	0.11	1.00			0.16	1.00			0.15	1.00		
	Teacher	-0.02	-0.28	1.00		-0.35*	-0.17	1.00		-0.29	-0.22	1.00	
	Therapist	0.39	-0.07	0.61*	1.00	0.26	0.09	0.35*	1.00	0.28	0.02	-0.22	1.00
Intensity Score	Father	1.00				1.00				1.00			
	Mother	-0.24	1.00			-0.14	1.00			-0.17	1.00		
	Teacher	-0.43*	0.13	1.00		-0.39*	0.32	1.00		-0.43*	0.24	1.00	
	Therapist	0.01	0.08	0.38*	1.00	0.09	0.30	0.43*	1.00	0.10	0.15	0.37*	1.00
Total Score	Father	1.00				1.00				1.00			
	Mother	0.40*	1.00			0.32	1.00			0.39*	1.00		
	Teacher	-0.15	-0.29	1.00		-0.49*	-0.19	1.00		-0.48*	-0.26	1.00	
	Therapist	0.24	-0.09	0.49*	1.00	0.01	-0.17	0.33	1.00	0.03	-0.11	0.42*	1.00
Total Raw Score		**372**	**761**	**419**	**364**	**476**	**1035**	**438**	**471**	**848**	**1796**	**957**	**835**
Mean		**17.7**	**31.8**	**18.3**	**13.9**	**22.57**	**43.13**	**23.39**	**18.12**	**40.00**	**74.8**	**41.3**	**31.8**
SD		**6.03**	**9.41**	**5.19**	**3.19**	**8.42**	**13.26**	**5.94**	**3.88**	**14.10**	**23.0**	**11.0**	**6.68**

Table 4, Mean Rank Order Distribution of Prioritized Problem Behavior for Intervention by Respondents

Problem Behavior Domains	Number of Items	Respondent Rankings			
		Father (N: 21)	Mother (N: 24)	Teacher (N: 23)	Therapist (N: 26)
Violent & Destructive Behavior	16	4	2	5	4
Temper Tantrums	4	6	3	7	5
Misbehavior with Others	14	1	5	2	3
Rebellious Behavior	6	8	1	7	6
Antisocial Behaviors	14	2	10	4	8
Externalizing↑	**54**				
Self Injurious Behavior	11	9	4	8	7
Repetitive Behaviors	9	5	7	6	2
Odd Behaviors	10	3	8	3	9
Hyperactivity	3	7	6	1	1
Fears	4	10	9	9	10
Others	9	11	11	10	11
Internalizing↑	**46**				
Overall	**100**				

Kruskal-Wallis Adjusted H: 0.041; df: 3; p: 0.998; NS;

Table 5, Distribution of Identified & Reported Types of Rewards by Respondents for or on behalf of CWDD

Ranks	Listed Rewards	Respondents				Total (N: 105)
		Father (N: 22)	Mother (N: 33)	Teacher (N: 24)	Therapist (N: 26)	
I	Primary	11	24	13	7	55
II	Activity	4	8	9	7	28
III	Material	3	9	7	6	25
IV	Social	2	4	7	6	19
V	Token	-	3	7	6	16
VI	Sensory	-	2	7	6	15
VII	Privileges	-	2	4	3	9
	Total	20	52	54	41	167

X^2: 22.4034; df: 9; p: 0.05;

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Effectiveness of Cognitive Behaviour Therapy on Patients Suffering From Depression

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ABSTRACT

Clinical depression is one of the most common and debilitating of the psychiatric disorders. The individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatiguability and diminished activity. Marked tiredness after only slight effort is common. The aim of the present study is to examine the effectiveness of Cognitive Behaviour therapy on patient suffering from depression. Total sample size was 16 patients diagnosed with depression according to ICD-10. Two groups were formed, 8 in control group and 8 in experimental group respectively. Cognitive Behaviour Therapy was given to experiment group only. The results show that a significant difference was found between the experimental and control group.

Keywords: *Depression, Cognitive Behaviour Therapy*

Clinical depression is one of the most common and debilitating of the psychiatric disorders. Lifetime prevalence has been estimated at 16.2% and rates of comorbidity and risk for suicide are high. Up to one-third of all patients will have episodes that last longer than two years, and over three-quarters of all patients who recover from one episode will go on to have at least one more. Although there are efficacious treatments for depression, many patients do not receive adequate treatment, and still more are refractory to available interventions.

LITERATURE REVIEW

Many researchers have been carried out supporting the effectiveness of Cognitive Behaviour Therapy in depressive patients. One of such study was done by Embling in 2002 to throw light on the process and outcome of the use of CBT to treat depression. This study was undertaken at an acute psychiatric assessment centre based in the community. The total sample of 38 clients were

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allocated to either a treatment group (n = 19) or waiting list control group (n = 19) matching for age, gender and social support. Result showed that CBT is an effective treatment for depression.

David in 2012 aimed to see the effect of cognitive behaviour therapy on primary care patients with depression. In this study providing CBT over the telephone compared with face-to-face resulted in lower attrition and close to equivalent improvement in depression at post-treatment. At 6-month follow-up, patients remained less depressed relative to baseline; however, those receiving face-to-face CBT were less depressed than those receiving T-CBT. Results indicate that T-CBT improves adherence compared with face-to-face delivery, but at the cost of some increased risk of poorer maintenance of gains after treatment cessation.

A study by Juned Siddique in 2012 aimed to compare the medication versus cognitive behavior therapy among depressed women with moderate baseline depression and anxiety. In this study medication was apply superior to CBT at 6 months, but the difference was not sustained at 1 year. Results showed that the among women with severe depression, there was no significant treatment group difference at 6 months, but CBT was superior to medication at 1 year.

METHODOLOGY

Aims:

The aim of the present study is to examine the effectiveness of Cognitive Behaviour Therapy on patient suffering from Depression.

Hypotheses:

H0: There will be no significant difference between Experimental and Control Group.

Study Design:

- Pre-Post Test Design.

Sample:

Total sample size was 16 patients diagnosed with depression according to ICD-10.Samples were purposively selected from Hospital for Mental Health, Ahmedabad. Two groups were formed, 8 in control group and 8 in experimental group respectively. Cognitive Behaviour Therapy was given to experiment group only.

Inclusion criteria:

a. Age range between 20 to 50 years
b. Diagnosed as Depression according to ICD-10
c. Patient willing to participate

Exclusion criteria:

a. Any other psychiatric disorders
b. Mental retardation
c. Brain injury or any CNS insult
d. Past history of Alcohol and drug dependency prior to diagnose of depressive patient.
e. Patients not cooperating for the study

Test Administered:

a) Socio demographic data sheet
b) Beck depression Inventory

a) **Socio Demographic Data Sheet**

It consisted of information about the Socio-Demographic variables like age, sex, education, marital status, religion, socioeconomic status and domicile of the subjects.

b) **Beck Depression Inventory**

Beck Depression Inventory was used to assess the subject's intensity of Depression.

Procedure

Socio-demographic details were gathered from all 16 patients meeting the inclusion criteria. Back Depression Inventory was administered to assess the severity of depression. Two groups (Control group and experimental group) of 8 patients each was formed randomly.

Control group received only pharmacological treatment while experimental group was given Cognitive behaviour therapy as a psychological intervention along with pharmacological treatment.

RESULT

Table: 1 showing the socio demographic details of patients of Depression for experimental and control group.

Variable		Frequency (%)	M	SD
Age	20-30	4 (25.0)	1.37	.89
	30-40	2 (12.5)		
	40-50	10 (62.5)		
Sex	Male	7 (43.8)	.56	.75
	Female	9 (56.3)		
Order Of Birth	First	7 (43.8)	.75	.77
	Middle	6 (37.5)		
	Last	3 (18.8)		

Variable		Frequency (%)	M	SD
Education	Illiterate	5 (31.3)	1.69	1.35
	Up to five	1 (6.3)		
	Six to ten	5 (31.3)		
	Graduation	4 (25.0)		
	Post-Graduation	1 (6.3)		
Occupation	Unemployed	9 (56.3)	.62	.88
	Private Job	5 (31.3)		
	Govt. Job	1 (6.3)		
	Business	1 (6.3)		
Marital Status	Married	13 (81.3)	.25	.58
	Single	2 (12.5)		
	Divorce	1 (6.3)		
Domicile	Urban	15 (93.8)	.06	.25
	Rural	1 (6.3)		
SES	Lower	5 (31.3)	.69	.48
	Middle	11 (68.8)		
Family Type	Nuclear	11 (68.8)	.31	.48
	Joint	5 (31.3)		
Duration Of Illness	0 to 5	13 (68.0)	3.09	3.01
	6 to 10	3 (18.0)		
Physical Illness	Present	0 (0)	1.00	.001
	Absent	16 (100.0)		
Treatment	On Drug	12 (75.0)	.25	.45
	Drug naïve	4 (25.0)		
Family H/O of mental illness	Present	5 (31.3)	.69	.48
	Absent	11 (68.8)		
No .Of Episode	1-3	13 (80.0)	2.25	1.29
	3-5	3 (20.0)		
Age of onset	20 to 30	7 (42.0)	34.00	10.22
	30 to 40	2 (12.6)		
	40 to 50	7 (54.0)		
Depression level	Moderate	3 (18.8)	2.81	.40
	Severe	13 (81.3)		

Table 1 shows the socio-demographic details of both the groups. 62% of the patients fell in the age range of 40-50, 25% in the age range of 20-40 and 12% fell in the age range of 30-40

respectively. 43.8% were male and 56.3% were female. 31% were illiterate patients, 31% studied up to 10th standard and 25% studied up to graduation. 56% were unemployed, 31% were doing private job. 81% were married, 12% were single and 6% were divorcee. 93% were from urban area and 6.3 were from rural area. 31% from the lower class and 68% were from the middle class. 68% were from nuclear family and 31% were from the joint family. 68% fell in the range of duration of illness of 0-5 and 18% fell in 6-10. 75% were on drug and 25% were drug naïve. 68% were having family history of mental illness.

Table:2, Mann-Whitney U test value for Age, Sex, and Education for both Experimental and Control Group.

Variable	Mann Whitney u test	Z	P value
Age	23.00	-1.09	.27
Sex	28.00	-.48	.63
Education	19.50	-1.36	.17

Table No 2 indicates Z value for both group experiment and control group for age, sex and education. Table shows that z value for age is -1.09, for sex is -.48, and for education is -1.36. There is no significant difference in age, sex and education of the subjects of both groups.

Table: 3 Mann Whitney U test for Pre & Post assessment experimental and control group

	GROUP	N	Mann Whitney U test	Mean Rank	Z-value	P-Value
Pre Test	EXPERIMENTAL	8	28.00	8.00	-.62	.53
	CONTROL	8		9.00		
Post Test	EXPERIMENTAL	8	15.00	6.38	-1.90	.05*
	CONTROL	8		10.63		

*Significant at the0.05 level (2-tailed)

Table: 3 show the Mann Whitney u test value for the experimental and control group at pre- test level and post-test level. Result shows that in pre-test, there is difference between experimental and control group. Mean ranks for experimental and control group at pre-Test level are 08 and 09 respectively. Z value for the pre-Test found .62 and its corresponding p value is .53, which is not significant.

Result shows that in post-test, there is difference between experimental and control group. Mean ranks for experimental and control group at post-test level are 6.38 and 10.63 respectively. Z value for the post -Test found 1.90 and its corresponding p value is .05 which is significant.

Table 4: Wilcox on Signed Rank Test value in Experimental and Control Group.

Variable	N	Mean Rank	Z value	P value
control group	16	3.50	-2.27	.02*
experimental group	16	4.50	-2.56	.01**

*Significant at the0.05 level (2-tailed), ** Significant at the 0.01 level (2-tailed),

Table 4 shows Wilcox on Signed Rank Test for Pre & Post Experimental and Control Group. Results indicates that for control group, mean rank found for pre and post assessment is 3.5 and its corresponding Z value is 2.27 and p value is 0.02 which is significant at 0.05 level. Furthermore, Results indicates that for experimental group, mean rank found for pre and post assessment is 4.5 and its corresponding Z value is 2.56 and p value is 0.01 which is significant at 0.01 level.

DISCUSSION

In the current study the total number of samples was 16. Out of this, 8 were selected for experimental group and 8 for control group. The samples were selected from Hospital for Mental Health. The aim of the present study was to assess the effectiveness of Cognitive Behaviour Therapy on patient suffering from depression. The tool used for present study to assess the depression was Beck Depression Inventory-II.

In current study majority of the patients (56.3%) were females, 68% patient from the nuclear family, 93% patient residing in urban area and 31 % patient from the lower class. This finding is supported by study that depression is more common in women, in subjects from poor economic background, those residing in nuclear families and urban areas (Somasundaram et. al., 1981). Similar study conducted by Poongothai.et.al in 2009 showed higher prevalence of depression among urban population (Table 1).

No significant difference was found between the groups regarding age, sex and education (Table2). It is in congruence with the fact that both the groups were matched with respect to age, sex and education. The mean age of depression patient in both groups was 1.37 years.

Experimental group were found to differ significantly from control group on post-test after the intervention of cognitive Behaviour Therapy. This result is supported by the earlier study conducted by Ashouri.et. al in 2013. This study aimed to see the Effectiveness of meta-cognitive therapy (MCT) and cognitive-behaviouraltherapy (CBT) in patients with major depressive disorder. They found MCT and CBT were more effective than pharmacotherapy alone in treatment of MDD (Table 3).

Results showed that there was significant difference between the experimental and control group after the intervention. This finding collaborated with the study conducted by Siddique in 2012 which aimed to compare the medication versus cognitive behaviour therapy among depressed

women with moderate baseline depression and anxiety. In this study medication was apply superior to CBT at 6 months, but the difference was not sustained at 1 year. Results showed that the among women with severe depression, there was no significant treatment group difference at 6 months, but CBT was superior to medication at 1 year (Table 4).

CONCLUSION

The results show that a significant difference was found between the experimental and control group. Hence, it can be concluded that cognitive behaviour therapy is effective in patients suffering from depression.

LIMITATION

- Sample size taken was small.
- Other psychiatric conditions were not addressed.

FUTURE DIRECTION

- Sample Size should be large and from different places sample should be taken.
- The therapy can also be applied on different psychiatric condition with different psychological variable.
- Intervention time period can be extended.

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Conflict of Interests

The author declared no conflict of interests.

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Environmental Awareness and Emotional Maturity: A Study on Secondary School Students

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ABSTRACT

At present the world is witnessing numerous environmental problems, which are the result of un-mindful exploitations of natural resources by human beings. There is an urgent need to create environmental awareness among all the citizens in general and student community in particular. The present study was conducted to study the relationship between Environmental Awareness and Emotional Maturity among Secondary School Students in district Anantnag of Jammu and Kashmir on a sample of randomly selected 250 students. The researchers found that there is significant correlation in Environmental Awareness and Emotional Maturity among Secondary School Students.

Keywords: *Environmental Awareness, Emotional Maturity.*

The environment comprises of physical, psychological, social and cultural aspects. Man being the crown of creation; whenever he tries to fulfill his need nature is at his disposal but for fulfilling his greed it depletes the nature to a larger extent which is not only harmful at present but it has its adverse effect on future generations as well. Optimal and judicious use of natural resources is not only best for the present generation but for the future as well. Environmental Awareness is an attitude towards the environment which manifests itself in terms of the awareness towards: physical pollution, psychological pollution, social pollution and cultural pollution.

National Environmental Awareness Campaign (NEAC) 2000-2001 the main aim of this campaign is to create Environmental Awareness at all the levels of the society. The main theme of the campaign is 'Keep our Environment Clean and Green'. In 2001 The Ministry of Environment and Forest interacted with University Grants Commission (UGC), National Council

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for Education, Research and Training (NCERT) and Ministry of Human Resource Development (MHRD) for introducing environmental issues, themes and concepts etc. in the curriculum at all the levels of education i.e. from primary to higher education. Students can imbibe the values of their environment by proper utilization of social institutions especially family and the educational institutions. For keeping our environment clean and green The Government of India launched another campaign on 2nd October 2014, the day commemorated as Gandhi jayanti under the name Swachh Bharat Abhiyaan.

The 21st century is an era of technological revolution due to which the environment is changing as never before. Youth as well as adults of today are well and easily exposed to vast, unlimited and most importantly censored information and are subject to high pressure because of ever increasing competition and expectations from their family and peers. Under this dynamic environment the youth as well as adults are finding it difficult to adjust and even sometimes succumb to the environmental pressure. Though man has conquered time and space to a great extent by the present level of scientific advancement, yet there is great threat to his existence. The Indian society is becoming increasingly materialistic. The present generation is moving ahead to achieve material gains by every means. They find it hard to bridge the gap between their head and heart. This puts them always in conflicting situations. For the personal happiness it is very important that you must be aware about yourself and must be able to tolerate a delay in the satisfaction of your needs. For this purpose you have to choose maturity, to behave in a consciously designed manner. Maturity is the ability to respond to the environment in an appropriate manner. This response is generally learned rather than instinctive. Maturity also encompasses being aware of the correct time and place to behave and knowing when to act, according to the circumstances and the culture of the society one lives in (David Wechsler 1950). According to Finley (1996), “Maturity is the capacity of mind to endure an ability of an individual to respond to uncertainty, circumstances or environment in an appropriate manner”.

As we discussed above that youths and adults are facing a lot of difficulties and pressures from the competitive materialistic world, so they are vulnerable to different psychological problems. Therefore, here the study of maturity in emotional aspect of personality is challenging our attention. Menninger (1999) “Emotional Maturity includes the ability to deal constructively with reality”. Dosanjh (1960) “Emotional maturity means balanced personality” It means ability to govern disturbing emotion, show steadiness and endurance under pressure and be tolerant and free from neurotic tendency”. Prof Y. Singh (1990) “Emotional maturity is not only the effective determinant of personality pattern but also helps to control the growth of an adolescent's development. A person who is able to keep his emotions under control, to brook delay and to suffer without self-pity might still be emotionally stunned”. So emotionally mature person will have more satisfaction in life; he will be satisfied with what he is and have a balance between his head and heart. The investigators undertook the study to find out the significance between Environmental Awareness and Emotional Maturity in a turmoil hit region of the country. This

was a humble attempt by the researchers in this direction which will prove fruitful for future researchers.

Objectives:

1.To study the relationship between Environmental Awareness and Emotional Maturity among Secondary School Students.
2.To study differences between Rural and Urban Secondary School Students on Environmental Awareness and Emotional Maturity.
3.To study the difference between Government and Private Secondary School Students on Environmental Awareness and Emotional Maturity.
4.To study the difference on Environmental Awareness and Emotional Maturity across gender.

Hypothesis

1. There is no significant relationship between Environmental Awareness and Emotional Maturity among Secondary School Students.
2. There is no significant relationship between Rural and Urban Secondary School Students on Environmental Awareness and Emotional Maturity.
3. There is no significant relationship between Government and Private Secondary School Students on Environmental Awareness and Emotional Maturity.

Design

The present study was carried out by employing the co relational design

Sample

The participants for the present investigation were randomly drawn from different Secondary Schools of district Anantnag, Jammu and Kashmir. A total number of 250 Secondary School students from rural and urban Secondary Schools.

Tool

- Environmental Awareness Ability Measure developed by Dr. Praveen Kumar Jha (1998).
- Emotional Maturity Scale developed by Prof. Yeshver Singh & Prof. Mahesh Bhargave (1990).

Procedure

Before the administration of the test, the nature of the data and the purpose of researchers were discussed with the sample population. Then the test was administered. After the administration of the test to the selected sample, the scoring was done strictly in accordance with the directions in the test manuals. The collected data was statistically analyzed through mean, standard deviation and t-test for testing the significance of mean differences between the groups with the help of SPSS 21 Software. The details of analysis and interpretation are given below:

Table: Bivariate correlation between Environmental awareness and Emotional maturity

Environmental Awareness	Correlation (r)
Emotional Maturity	-.27**

**Significant at .01

The above table 1 represents the correlation between environmental awareness and emotional maturity of secondary school students. It is revealed that environmental awareness has a negative significant correlation with emotional maturity, r (248) = -.27; $p < .01$. This indicates that, as the emotional maturity (Higher the score on emotional maturity scale indicates the higher emotional immaturity and vice-versa) scores increases there is decrease in the environmental awareness and lower the emotional immaturity and higher will be the environmental awareness among secondary school students. Therefore the null hypothesis stating that '*there is no significant relationship between Environmental Awareness and Emotional Maturity among Secondary School Students"* is rejected.

Table: Mean score comparison on Environmental Awareness and Emotional Maturity across demographic variables

Variable	Group	N	M	Std. D	t	Sig.
Environmental Awareness	Rural	141	19.97	9.05	2.19	0.029*
	Urban	109	17.74	8.77		
	Male	137	19.06	9.54	-0.486	0.627
	Female	113	19.62	8.55		
	Govt.	142	19.60	9.65	1.90	0.049*
	Private	108	17.46	7.53		
Emotional Maturity	Rural	141	89.20	12.72	-5.62	0.00**
	Urban	109	99.20	14.83		
	Male	137	94.44	15.57	3.80	0.00**
	Female	113	87.84	10.90		
	Govt.	142	93.06	14.18	-0.546	0.586
	Private	108	94.02	13.53		

**Significant at 0.01

*Significant at 0.05

The above table represents the mean score comparison on environmental awareness and emotional maturity across some demographic variables. It was found that there is a significant difference between rural and urban secondary school students on environmental awareness, t (248) = 2.19; $p < .05$. On a two point scale, rural averaged 19.97 (SD = 9.05) and urban students averaged 17.47 (SD = 8.77). It reveals that rural students have high environmental awareness than urban. In case of gender, no significant difference was found on environmental awareness, t (248) = -.486; $p > .05$. On a two point scale, boys averaged 19.06 (SD = 9.54) and girl students averaged 19.62 (SD = 8.55). On government and private secondary school comparison on

environmental awareness, a significant difference was found, t (248) = 1.90; $p < .05$. On a two point scale, government averaged 19.60 (SD = 9.65) and urban students averaged 17.46 (SD = 7.53). It reveals that rural students have high environmental awareness than urban .It reveals that government secondary school students have high environmental awareness than private secondary school students.

In case of rural urban comparison on emotional maturity among secondary school students, a significant difference was found, t (248) = -5.62; $p < .01$. On a five point scale, rural .averaged 89.20 (SD = 12.72) and urban students averaged 99.02 (SD = 14.83). It reveals that urban secondary school students scored higher than rural which indicates that rural secondary school students are emotionally mature than their urban counterparts (higher the score on emotional maturity scale, lesser the emotional maturity and vice-versa). In case of gender, a significant difference was found between boy and girl secondary school students on emotional maturity, t (248) = 3.80; $p < .01$. On a five point scale, boys averaged 94.44. (SD = 15.57) and girl students averaged 87.84 (SD = 10.90). It reveals that boys secondary school students scored higher than girls which indicates that girls secondary school students are emotionally mature than their male counterparts (higher the score on emotional maturity scale, lesser the emotional maturity and vice-versa). On government and private secondary school comparison on emotional maturity, a significant difference was found, t (248) = -.546; $p > .05$. On a five point scale, government averaged 93.06 (SD = 14.18) and private secondary school students averaged 94.02 (SD = 13.53). It reveals that there is no significant difference between government and private secondary school students on emotional maturity.

FINDINGS AND DISCUSSION

Findings revealed that there is a significant negative correlation between environmental awareness and emotional maturity of secondary school students. This indicates that, as the emotional maturity scores (higher the score on emotional maturity scale indicates the higher emotional immaturity and vice-versa) increases there is decrease in the environmental awareness and lower the emotional immaturity and higher will be the environmental awareness among secondary school students. Therefore the null hypothesis stating that '*there is no significant relationship between Environmental Awareness and Emotional Maturity among Secondary School Students"* is rejected.

Further, the study reveals that the rural secondary school students have more environmental awareness than the urban. Gender does not play any part in environmental awareness .Government secondary school students scored higher than their private counterparts on environmental awareness. On the other hand, the rural secondary school students are emotionally more mature than the urban. On the basis of gender; girls are found to be more mature than the boys. No significant difference was found between private and government secondary school students on emotional maturity.

The study reveals that the emotional maturity and environmental awareness are significantly related i.e. higher the emotional maturity of an individual higher is his environmental awareness.

CONCLUSION

The present study highlights that the adolescents enrolled at secondary level are passing through the critical period of their lives; on one hand they undergo many physiological changes and on the other they are experiencing many social issues which seem to be new and challenging to them. All the social institutions - family, school, clubs, religion, polity etc. have to perform their roles as per their structure and keeping in view the all round development of the child. Most of the studies conducted on emotional maturity reveal that the children of well adjusted families are emotionally mature than the children of maladjusted families. After family environment the child experiences the school environment. Congenial atmosphere at school plays a major role for a child to be emotionally mature; the other social institutions are almost all equally responsible for a child to be emotionally mature. From the finds it is evident that there is significant relationship between emotional maturity and environmental awareness among the secondary school students. So, an individual can be sensitized well regarding the environment when he is emotionally mature.

EDUCATIONAL IMPLICATIONS

The present study may help the parents, teachers and administrators to have knowledge of the emotional development of their children and students and help them in building a well balanced personality. Emotional Development is one of the major aspects of human growth and development. Emotions like anger, fear, love etc. play a great role in the development of child's personality. Not only his physical growth and development is linked with his emotional makeup, but his intellectual, social, moral and aesthetic development are also controlled by his emotional behavior and experiences. The overall importance of emotional experiences in the life of a human being makes it quite essential to know about the emotions. Emotional development reaches its maximum in adulthood. During this stage, generally all individuals attain emotional maturity. An individual can be sensitized well in every walk of life provided he is emotionally Mature. To sensitize the students regarding the physical environment emotional maturity plays a vital role.

Emotionally mature students are able to safeguard their their Environment as they are physically as well as intellectually sound. They need only a direction to chanalise their potential for the welfare of the society as they are free from any stress and strain.In this way, Emotional Maturity can render yeoman's service for making the individuals Environmentally Awareness.

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Conflict of Interests

The author declared no conflict of interests.

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Foreseeing a Need for Counselling Practices for Mortuary Workers

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ABSTRACT

The subculture of mortuary workers spends much of its working hours with the dead. Society fails to acknowledge much of the psychological distress they experience, such as use of maladaptive coping mechanisms, substance use etc. Few studies have investigated mortuary workers, especially in developing nations. This exploratory study in Bengaluru, India aimed to gather and consider the perspectives of three mortuary workers, one doctor of forensic medicine and one mental health professional regarding the stresses of working with death. A thematic analysis of these interviews revealed the themes of occupational support and psychological effects of mortuary work. The unique nature of their job suggests further research is required regarding a need for counselling practices, designed to alleviate their stress.

Keywords: *Mortuary Workers, Counselling, India*

Stress is an inevitable component of life, and comes in a variety of shapes and forms, with varying degrees of prevalence and intensity. One of the more chronic types of stress that adults face is occupational stress, including but not limited to work-life balance, deadlines, circadian rhythm disruption etc. This is an important area of study, as "Chronic stress is the grinding stress that wears people away day after day, year after year. Chronic stress destroys bodies, minds and lives. It wreaks havoc through long-term attrition" (APA, n. d.) It is thus an area of study that has gained prominence, due to organizational focus shifting to enhanced well-being and focus on increasing productivity among workers.

Another inevitable acute stressor in our lives is death. 'Death is the only certainty of life', is a piece of wisdom that has been passed on through generations since time immemorial. Death brings with it the idea of loss, grief, anger, depression and so on, all of which irreversibly alter us. This experience of death is something that is of extreme relevance in the subject matter of psychology, an area of focus for a variety of sub-disciplines, such as positive psychology, bereavement psychology, psychology of resilience etc.

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However, what happens when an acute stressor becomes chronic? When individuals face a stress that is usually acute, every day, until it becomes chronic, there are a lot of physiological, psychological, emotional and cognitive repercussions that must be handled.

This paper aimed to therefore understand these repercussions on a specific population of individuals, mortuary workers, a large chunk of whose every day stress itself is the handling of death, loss and grief.

Contextual Background of Study

Throughout history, one of the biggest taboos that we, as a society have faced, is the concept of death. Even in India, death is seen as tragedy, and all those associated with it are seen as unclean and impure. While for the family this is temporary, for the people who handle the bodies daily, it was a permanent stigma, making them 'untouchables' (Thompson, 1991).

In some ways, mortuary workers could be seen as an extension of this. They work in the closeted spaces of the morgue, regularly deal with the dead, and are almost never spoken to or acknowledged. However, that does not deny the fact that they could potentially be facing a lot of stress in their jobs. Indeed, these very characteristics could be causing the stress. Although there exists an immense plethora of literature related to the experience as well as coping mechanisms associated with the death of a loved one (Freud, 1917; Kubler-Ross, 1969; Bowlby, 1969; Rando, 1993), much less work has been undertaken in order to understand the psyche of individuals who engage with death regularly, as part of their occupations. It therefore becomes an essential area of study.

Within the cultural context of India, it seems that individuals rarely acknowledge the mortuary worker. For the family, their first and obvious concern would be that their loved one is safely and respectfully preserved until they can claim them. For the doctors, it would be a matter of having the body maintained such that autopsies or other procedures can be conducted. In case of unnatural death, for the law enforcement, it would whether sufficiently detailed records are maintained. Thus, the people who handle all of these areas, the mortuary workers, are relegated to a behind-the-scenes position, and are only present in their absence. Thus if they do face any issues, there seems to be no outlet for them to have these issues addressed.

Conceptual and Theoretical Frameworks

The various concepts and theories related to this paper will be mentioned here. Many of these ideas have existed independently for a long time, but have been studied together in the context of this study.

Stress: Stress refers to the mental and physical responses of our bodies to real or perceived physical, social, or psychological events or stimuli (Glanz & Schwartz, 2008). The body's

changes in response to acute vs. chronic stress is succinctly described in Selye's (1936) GAS model.

General Adaptation Syndrome*:* Selye (1936) proposed that the body's response to a stressor proceeds through three stages. Stage 1 or the 'alarm phase' triggers the body's fight-or-flight response, readying it to tackle the challenge at hand. Stage 2 or the 'resistance phase' sees the body attempting to resist the arousal and bring the body back to homeostasis. However, if the stressor persists, the body enters Stage 3, or the 'exhaustion phase'. This stage sees the body's resources depleted. Excess cortisol secretion means that the person faces a variety of problems, such as lowered concentration, fatigue, lower responsiveness, compromised immunity etc.

It is thus a matter of importance that the stress levels of mortuary workers be gauged, because chronic stress would inevitably reduce their well-being and have a negative impact on their quality of life.

Depression: Depression, the common name for major depressive disorder, is a type of mood disorder defined in the DSM 5 as presenting with a period (2 weeks or more), of eudemonia, irritability, clinically significant changes in weight, appetite and sleep, along with feelings of hopelessness, worthlessness and helplessness. In its most severe form, depression can also result in suicidal ideation and self-harm, or turning towards substance abuse in order to improve their moods.

The theoretical frameworks attempts to explain depression in a variety of ways. Due to the nature of their jobs, mortuary workers have been shown to have a higher tendency to develop depression, among other mental illnesses (Nothling, Ganasen & Seedat, 2015; Faraj, Abbas & Perez, 2014). This will be elaborated upon in the next chapter.

Stigma: Defined as "a set of negative and often unfair beliefs that a society or group of people have about something", (Merriam-Webster, n. d.), stigma is an issue faced by mortuary workers (McCarroll et. al., 2002). Mortuary workers face societal exclusion or stigma, as their job is often considered 'abnormal', 'offensive' and 'unhealthy' (BBC, 2012). Such a persistent attitude from society can cause discouragement, irritability, hopelessness etc. in the stigmatised, and have adverse effects on their mental health.

It is thus important that we study not only the presence, but also the intensity of such a stigma, as well as understand if, and what sort of coping mechanisms are employed by workers. This will better help map out the support systems required for them to thrive and succeed at their jobs.

NEED FOR THE STUDY

Most research in this area deals almost exclusively with military mortuary personnel, as well as effects of mass casualties, natural disasters and terrorist attacks on mortuary workers. Little to no research exists on the effective of every day job stressors on them. This means that while we know how they are affected when suddenly overwhelmed with casualties, we are unaware about how they feel due to constant exposure to the same every day.

Further, most research in this area has been done in the Western context, primarily the United States of America. This brings up two issues- first, it focuses on funeral directors and embalmers, who have training, and educational qualifications exclusively pertaining to the subject. Second, funeral homes are a $7 billion dollar industry in the USA, meaning that the individuals studied belonging to the upper middle class or upper class of society. It was thus assumed, with reasonable certainty, that if such a study were conducted in India, results would be different, as mortuary workers here are usually trained on the job, and belong to the poorer sections of society.

Thus this paper aimed to understand the problems faced by mortuary workers specifically within the Indian context, in order to ascertain whether they required any targeted counselling.

Objectives of the Study

The objectives of this paper were:

1. To determine the nature and intensity of stress faced by individuals who work in mortuaries.
2. To understand how they cope with this stress, and see if this is maladaptive or harmful.
3. To see if there is requirement for specialised counselling for them.

Research Questions

The research questions were:

1. How did mortuary workers come to be employed as such? Were they aware of the nature of the job before they joined?
2. Are they given training and necessary equipment to deal with the bodies? Is it sufficient?
3. Does the constant handling of bodies affect them in any way personally?
4. Do they face any stigma for the job they do? If so, how do they cope with it?
5. Are they satisfied with their job, and is there anything that would like to change about it?

Scope of the Study

As this is an area that hasn't been researched much in India, it has a lot of potential. Understanding how the subculture of mortuary workers function is important on several levels.

First, we will have a better grasp on how death affects individuals not directly related to the deceased. This will help better expand the existing knowledge of this area of psychology. Second, understanding how they deal with the stress it brings can enable a deeper insight into coping mechanisms and the support systems required for the same.

Such knowledge will hence benefit the community of mental healthcare providers, as well the workers themselves. If the results would point for a need for counselling, it could enable the

creation of a counselling department in every hospital designed solely to provide help to those employed in the hospitals themselves.

Limitations

- One of the biggest challenges that the researchers faced was a time constraint. Since the research was to be conducted outside of college hours, data collection had to be finished over the vacations, meaning that the researchers had to settle for a sample size of three and look for individuals close to where they lived.
- A lack of experience and age was also a limitation. As the individuals interviewed were seasoned workers, rapport establishment was initially difficult because they did not understand why two college students wanted to ask them questions. Further, as undergraduate students, knowledge of qualitative research paradigms were comparatively limited. However, assistance from hospital personnel as well as professors at Christ University helped overcome this to a large extent.
- Due to time, financial, and other constraints, data collection was limited to the city of Bangalore and to two hospitals.
- Since data collection was during the Christmas break, leisurely interviews were difficult to conduct because workers were extremely busy, or on vacation.
- The focus of the paper was mortuary workers, who were often at par with housekeeping staff at hospitals. They were thus very scared of adverse repercussions from management if they said anything negative about their jobs. It was hence a challenge to get them to open up and be honest.

REVIEW OF LITERATURE

Healthcare professionals serve in one of the most stressful and demanding professions. Their work may be further complicated by working with human remains. The viewing and handling of human remains may serve as "cognitive and emotional reminders of the individuals" to mortuary workers (Ursano & J.E. McCarroll, 2001). These workers may develop "work-related emotional and psychological disturbances" and may use maladaptive emotional beliefs to cope with the trauma of handling their relationship with the dead. (Patwary, 2010, p.10)

Most of the studies on mortuary workers focus on the experiences of healthcare personnel in military settings. This study considers the views of mortuary workers in urban hospitals in Bengaluru, India to understand their beliefs, coping mechanisms and experience of stress while handling human remains. While other research papers have focused on the experiences of trauma in developed countries, this study aims to reveal the nature of experiences of lower SES and undereducated mortuary workers in super-specialty hospitals.

Mental health of mortuary workers

Stress. Mortuary workers' anticipation of stress prior to handling remains is mediated by three factors- "the condition of the remains, the emotional link between the viewer and the remains, and personal threats to the soldier such as occupational hazards and combat." Further, experienced and inexperienced workers had higher levels of distress when they anticipated handling remains. (J.E. McCarroll, Ursano, Fullerton, & Lundy, 2002)

A risk factor for the experience of intrusion and avoidance symptoms associated with PTSD is that of exposure. Pre-post responses of 352 military men and women mortuary workers from the Persian Gulf War determined that symptoms increased for experienced and inexperienced workers with the greatest exposure. (J.E. McCarroll et al, 2001)

Inexperienced workers in the Persian Gulf War also experienced somatisation symptoms when exposed to the dead for long periods of time. "Those workers with pre-exposure levels of somatic symptoms reported higher post-exposure somatic symptoms." (J.E. McCarroll et al, 2002, p.31)

A study on workers in the Holocaust Museum revealed that the period and type of exposure to death is mediated by the contact with personal effects of the deceased. The worker humanises the dead which increase their personal distress. Their adaptive strategy of remaining impersonal fails. (J.E. McCarroll, Blank & Hill, 1995)

The nature of the stress of exposure to traumatic death at the Dover Air Force Base Mortuary following a military air disaster in 1985 revealed that exposure to sensory stimuli, children's bodies, female combat deaths, natural looking bodies, etc. increased posttraumatic stress of the workers. The workers' coping strategies changed based on the degree of exposure to and experience of the worker. Workers felt prepared to handle remains prior to exposure when they were "told the worst" about a scene. Remaining impersonal at the scene helped cope with the multiple sensory stimuli emanating from the remains. Most workers viewed therapeutic assistance as "unacceptable" after exposure because they "feared they would be fired, could not successfully testify in court, would be ridiculed by fellow workers or would lose their job." However, they felt that it should be made mandatory. (Ursano & J.E. McCarroll, 2001)

A similar study by J.E. McCarroll et al (1995, p. 346-8) determined that anticipatory stress increased among inexperienced workers and women before handling remains. This suggests the need for 'inoculation' training for workers to handle emotional attachment, personal threat and gruesomeness of bodies.

Taylor & Frazer (1982) studied the experience of stress after a disaster has occurred. The long-term effects of stress on mortuary workers may reveal the nature, duration, intensity and type of

therapy needed to combat their stress. About a third of the workers at the Mount Erebus air crash reported initial transient problems. One-fifth of the subjects experienced symptoms after three months. Even after twenty months, some workers continued to report disaster stress. Thus, post-disaster body handling is“ a complex interaction between environmental and task stressors, job competency, perceptual and emotional defences, management and follow-up support.”The researchers suggest logistic and emotional debriefing as tools to reduce posttraumatic stress.

Ursano et al (1995) conducted a longitudinal assessment of specific effects of traumatic exposure. After the USS Iowa gun turret explosion, a comparative assessment of 54 body handlers and 11 non-body handlers over several months determined that acute and long-term intrusive and avoidant symptoms, hostility, depression, somatisation, and risk of PTSD increased among body handlers. Further, single body handlers showed higher degree of symptoms as compared to married workers suggesting the importance of social support in handling traumatic stress.

Flynn, J.E. McCarroll & Biggs (2015) however, studied the nature of rewards and positive experiences of military and civilian mortuary workers. On the one hand, these workers are able to integrate their work lives into their personal lives in a positive manner that motivates and maintains their performance. They take pride in their work. On the other hand, they may also suffer disenfranchised grief, traumatic bereavement and are not given time to grieve. The study suggested “training, experience, leadership, and supervision” along with “meaning-making of their experiences” as having powerful therapeutic effects in reducing anticipatory stress and improving performance.

Depression: Nothling, Ganasen & Seedat (2015) identified that “mortuary workers are at high risk for developing depression and other psychiatric disorders owing to the nature of their work and exposure to deceased victims of violent deaths.” Their study in South African mortuaries is significant for this research because data was collected from low and middle income countries similar to India. Inexperienced mortuary workers faced a higher risk of depression compared with experienced workers, though prevalence of PTSD did not differ significantly. The most significant predictors of depression for both groups were self-perceptions of physical health, perceived stress, fear of blood/injury/mutilation, and resilience. This suggests that“ promotion of mental health may be beneficial to all mortuary workers, and preparatory training related to mental health may be beneficial to inexperienced mortuary workers before occupational uptake.” The psychological impact of prolonged conflict and the resulting exposure and mass casualties was studied on Iraqi health professionals. The Depression Anxiety and Stress Scale was used to determine that incidence of depression were higher among females and among mortuary staff. Staff who were not in direct contact with the casualties reported fewer symptoms of anxiety, depression and stress. Thus, monitoring symptoms of psychological distress is necessary for the occupational group of mortuary workers and body handlers. (Faraj, Abbas & Perez, 2014, p. 8)

Stigma: Thompson (1991) analyses the patterns in which mortuary workers and funeral directors handle the stigma of their work. This ethnographic study revealed that this occupational group is often blamed for profiting from grief and death. (p. 406) Overcoming this social stigma involves practices such as role distance, humour and professionalism. They attempt to redefine their work and shift its emphasis from body handling to providing important and necessary services for the living. They tend to cloak themselves in the "shroud of service,". As the study was conducted in a Western setting, these workers also enjoy socioeconomic status though they are denied occupational prestige. (p. 415-425)

Similar results in an Australian study showed that mortuary workers are often proud of their work but are also stigmatised by society for their services. They are considered “less than human”. Hence, modern marketing by the funeral industry often attempts to delimit this stigma by presenting images of life and nurturing and focusing on personnel and services. (Carden, 2014)

Patwary (2010) analysed this stigma in a manner relevant to the present study. His focus was on the cultural marginalisation experienced by poor mortuary workers in Bangladesh under psychologically distressing conditions. Unlike in the previous Western-oriented studies, these workers accept their position out of extreme fatalism rather than any sense of worth or reward. They “attribute powers and motives” to the bodies and dehumanise their occupation due to their severely unpleasant working conditions. Their coping mechanism is alcohol consumption, particularly because these workers are from lower castes as well.

Mental health support: A review of literature “investigated the diverse mental health status and needs of the heterogeneous population of disaster workers responding to the events of September 11th”. Bills et al (2008) found that minimal pharmacotherapy was provided to the casualty workers. There was no investigation regarding the nature and type of mental health interventions needed for the staff either. These findings support the present research in determining a need for future programs for mortuary workers. Interventions must consist of an accessible and comprehensive mental health treatment services emphasising pre-disaster mental wellness and post-disaster surveillance.

Peterson et al (2002) suggest the use of Critical Incident Stress Teams and behavioural interventions for the traumatic stress experienced by mortuary and healthcare workers after September 11 attacks. The Dover behavioural health consultant model was used to successfully identify vulnerable as well as distressed workers.

Ursano & J.E. McCarroll (2011) highlight three reasons for the importance of mental health support. It helps the workers understand the nature of their distress; it helps in recommendation

of policies to medical and line commanders and in understanding their own vulnerability to the stressors. They suggest a three tier model focusing on personal, logistical and organisational guidelines for assisting the workers and military staff before, during and after traumatic exposure. It is important to support staff by recognising and respecting their work, "spending time with personnel to decrease any possible isolation caused by the nature or location of the work", and understanding the impact of job stress on other aspects of their lives.

Health and safety of mortuary workers

The forensic and post-mortem departments at hospitals are often at risk of contamination from bodies. It is a legal responsibility to ensure the safety and health of all staff working in these departments- pathologist, anatomical pathology technician, visitors, and those involved in handling the body.

Infections: Burton (2002) reviewed the "risks associated with the necropsy of infected patients, with foreign objects present in the body, and with bodies that have been contaminated by chemicals or radioactive sources." Mortuary staff are often at risk for pulmonary and cutaneous infections, chemical contaminants, HIV, hepatitis B and C, and other infections. Further, occupational hazards include dangerous foreign bodies such as hidden sharp objects, exploding bullets, etc. Burton draws attention to the lack of studies focusing on the safety of post-mortem practice. It is important to ensure awareness of, regularisation and standardisation of clothing, immunisation, pre-necropsy testing equipment, circulators and 'safe sharps' practice across all forensic departments.

A similar study investigated the risk of occupational infections due to accidental exposure among human and veterinary healthcare workers. The study identified that in developed countries, many such workers are referred to clinicians for evaluation of common risks as well as other emergent pathogens and their possible timely prevention. (Tarantola, Abiteboul & Rachline, 2006)

Beck-Sague et al in 1991 highlighted the dangers of embalming, a common funeral practice. 39% of respondents reported needle-stick injuries and 3% reported percutaneous exposures to AIDS. The latter is a cause for concern. Patel (1997) also identified that HIV serophobia is noticeable in mortuaries. However, mortuary workers have become "unduly overcautious despite the availability of codes of practice and informed principles of health and safety in developed countries." This false sense of safety may also become a health hazard and have public health implications. Hence, he developed an algorithm for selective handling of unsuspected and unrecognized high-risk cases.

Mortuary waste: The proper management and disposal of mortuary waste is a significant safety factor that controls disease transmission. Patwary & Sarker (2012) studied Bangladeshi mortuaries where there has been "no rigorous estimation of mortuary waste generation and

associated risk factors" as it is a developing country. Using WHO guidelines, they determined that a high proportion of mortuary waste was hazardous. Furthermore, the workers were untrained and lacked understanding about the hazards and need for protective equipment. The mortuaries also lacked adequate storage facilities for bodies and waste. Waste was often dumped into landfills thus potentially contaminating ground water and soil. This study is significant for the present research in its aim to identify awareness strategies for mortuary workers.

These studies demonstrate the hazards and risks associated with mortuary work. The aim of this study is to determine a potential need for counselling practice for mortuary staff that covers awareness programs of these risks to ensure informed decisions and procedures within the mortuary.

Infrastructure provided to mortuary workers

Mortuaries in India require adequate and safe working environments due to the high traffic of bodies every day. Victoria Hospital in Bangalore is one of the city's busiest mortuaries receiving at least 10 bodies a day. However, the hospital often faces a space crunch due to a pileup of unidentified bodies. The police are also unable to identify these bodies causing new bodies to be kept outside. This causes further complications with relatives of "new arrivals." Despite the sanction of a new dissection table by the Central Government, work has not yet begun on restoration of the basement at the hospital causing the table to get rusted. (NDTV, 2011)

In Delhi as well, many bodies lie on the floor or on stretchers due to a lack of space, and pileup of bodies. A reporter of Indian Express claims that "dignity of the dead is often talked about among staffers, but, they say, there is little they can do. They too are looking for dignity, of the living". Despite a 60 crore funding for the expansion of the mortuary, the staff are overworked and underpaid, and have to work on rusted tables. There is a shortage of supplies, for maintenance of premises as well as masks, potentially increasing infection risks. No risk allowance is also provided to the staff. There is no visitors' room and the air-conditioning is defunct causing a terrible odour. Workers claim that "Rules are made in offices, without a reality check on the ground." This article reveals the lack of importance given to mortuary staff and the need for research into the nature of their occupational lives. (Hafeez, Indian Express, 2015)

This study seeks to understand the mental health needs of mortuary workers in terms of the stressors they encounter, their physical health and their working environment. This will potentially help predict counselling practices that combine awareness programs, safety and training initiatives as well as therapy aimed to alleviate the stress involved in exposure to death.

METHODOLOGY

Participants and settings

Convenience sampling was used to select and interview two mortuary staff from Fortis Hospitals, Bengaluru and one mortuary worker from Sapthagiri Institute of Medical Sciences &

Research Center, Bengaluru. The mean age of the mortuary staff (SD= 3.6) is 26 years. The average years of experience handling bodies is (SD= 3.77) 6.66 years. In Fortis Hospital, due to the absence of an official Mortuary, Housekeeping staff perform both duties. Interviews were held in each hospital after the purpose of the study was explained to the respective authorities. All interviewees were volunteers. Inclusion criteria included any mortuary worker over 18 years of age who has been working in the mortuary for the last 6 months.

An interview was also conducted with the Associate Professor of the Department of Forensic Medicine at Sapthagiri Institute of Medical Sciences & Research Center, Bengaluru. The CEO of Hank Nunn Institute who is also a senior mental health professional was interviewed to understand the potential need of counselling as well as the nature of counselling required for mortuary workers.

Research Design

This study used an exploratory research design to understand the mental health needs of mortuary workers. Due to the low availability of earlier studies regarding the mental health support for mortuary workers, an exploratory study following a qualitative framework allowed the investigators to gain insights.

Tools

Informed consent form The informed consent form was given to all interviewees to gain permission from them for data collection. The form included the purpose of the study, and a guarantee of anonymity and confidentiality of all information given. Since interviews need to be recorded, permission was also sought to use audio recording devices during the course of the interview. (Appendix A)

Demographic information sheet Demographic details of the interviewee such as gender, designation, years of experience, etc. were asked to identify interviewees. (Appendix B)

Interview guide Semistructured interviews were used with the mortuary staff, head of forensic department as well as the counsellor. Each interview ranged from 15 minutes-30 minutes. The interview guide (Appendix C) was validated by three experts.

Counselling self-assessment questionnaire The current study used the counselling self-assessment questionnaire developed by Kitty Knipscheer-Kuipers and used by International Counselling Connections. It is a self-rating questionnaire to understand the physical and mental well-being of a person. The results of this questionnaire were used to determine if the worker perceives he requires any form of counselling.

It comprises 22 items covering somatic, affective and cognitive dimensions, and access to social/therapeutic support. Due to the lack of availability of psychometric properties for this questionnaire, face validation was done by four experts.

Procedure

Appointments were fixed at the hospital to meet the mortuary workers at the beginning of their shift. A total of three interviews were conducted with mortuary workers in Bengaluru, India. Interviews were conducted in Hindi and Kannada. The translation to English was undertaken by one investigator and independently confirmed by two experts. Analysis was however done only in English.

The interviews with the mental health professional and the doctor of forensic medicine were in English. The two investigators reviewed transcripts and grouped responses under the framework of the interview guide. Quotes were selected to represent themes.

Data Analysis

NVivo software was used to code the data. Thematic analysis was used to group the data and two themes emerged.

Ethical considerations

Permission to conduct the research was obtained from the management of the hospitals. Participation was voluntary and with informed consent. Efforts were made to ensure that interviews were conducted verbally in the language of the workers' comfort.Respondents' original names have been altered. Data security and safety were assured. Due to the nature of the interviews, if the workers seemed to experience clinically significant levels of distress, they were directed to appropriate channels of mental health support.

RESULTS AND DISCUSSION

For the data analysis, thematic analysis was used, and the following themes emerged- organisational support, on the job stressors, personal safety and mental health. As this was an exploratory study, further research needs to be done in order to validate and expand upon the themes presented.

Organisational Support

The assistance that the organisation provides, in terms of training, supervision, crisis management etc. are all integral to the wellbeing of the workers (Skinner, Roche, O'Connor, Pollard & Todd, 2005). Skinner et. al. (2005) further divide workplace support into two categories- social/emotional support and instrumental support. The former includes safe and supportive supervision, involving workers in decision making and positive social interactions among co-workers.

Supervision: Among the interviewees, there is a prevalent 'buddy-system' in operation i.e. every new recruit is paired off with an experienced worker and shadows him for anywhere between a few days to a few months, learning on the job (McCarroll et. al., 1996). While there is

no official awareness training, the senior workers orient the recruits on handling the bodies. SM, for instance, said, "…. Some of us senior people, we tell the junior people that these are the rules. We don't leave them like that we teach them like this should be done, that should be done, and we tell them how to do everything first." However, in a complex, cosmopolitan setting like Bengaluru, language and culture often become barriers to forming workplace relationships.

However, a large section of their problems are still unaddressed because they deal with issues related to power equations within the organisation. Mortuary workers are often at part with the housekeeping staff in a hospital setting. Thus, they cannot argue with, or openly voice dissent against the decisions of other staff, patients, doctors etc., and there has to be a supervisor or a head of department that they can go to and vent out their problems. While in the case of RK and SM, they claimed that there was such a supervisor who took their issues into consideration and "make sure the problem won't happen again", MW felt a deep sense of alienation because there was no body to listen to him. "No one will help us here", he said, illustrating that there is a situation where workers are voiceless, and in the absence of a figure to help them out, face a lot of frustration. The mental health professional AS validated this and said, "Support begins with their boss", explaining how regular meetings are required to discuss work challenges.

Training: DR, the doctor of forensic medicine who has worked in the UK, USA and West Indies stated, "India does not train morgue attenders", and "does not follow an SOP (standard operating procedure)". This means that workers learn by observation and shadowing senior workers, and are not exposed to the science of pathology and forensic medicine. While this may seem effective, experienced personnel still believe that no amount of training can fully prepare one for what is found in a mortuary.

Peer support and manpower: Positive social interactions between co-workers helps build job satisfaction, common identity and organisational culture (Flynn et. al., 2015). As the interviewees were migrants from rural areas their primary support was peers rather than family. Further, they felt that peers were better equipped to understand the stresses of their mortuary duties. AC, suggests the use of group based interactive sessions as a therapeutic experience and as a form of peer support. This would give them and the organisation "an insight into their everyday challenges."

In India, mortuaries are often understaffed and overcrowded (NDTV, 2011; Hafeez, 2015), an opinion unanimously held by the interviewees. This lack of manpower could further exacerbate pre-existing occupational stress.

Safety measures: Organisations provide instrumental support by ensuring good job conditions and physical safety, addressing work overload, and providing adequate resources and equipment. (Skinner et. al., 2005). The most common problem associated with mortuary work is the risk of

infection. A review of literature pertaining to this topic in India shows that there is relative lack of adequate infrastructure provided to the workers to ensure their hygiene and safety (NDTV, 2011; Hafeez, 2015). DR corroborated this fact, categorically stating that "standard protocol" is not followed anywhere in India. However, this callous attitude also manifests in a lack of education given about potential threats to the workers, while handling bodies.

The potential importance of such training, if provided, can be seen in the cases of SM and RK, who are taught about different types of infections. They thus take special care while handling bodies infected with H1N1, for example and SM was even aware of the types of masks that should be used in different scenarios, such as an N-95 mask for the above case. Despite this amount of knowledge however, risks like accidental needle pricks are still a common occurrence, making training even more important. An interviewee said "only a scalpel and saw are given for all the bodies", emphasising the deficit of funds allocated to mortuaries.

Therefore, the need for frequent medical check-ups for mortuary workers, in light of the danger of infections as well as provision of basic forensic education, effective mentoring and adequate manpower should be investigated.

Psychological Effects of Mortuary Work

Mental health "is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment."(Princeton University, n.d.). In this section, we have utilized the counselling self-assessment questionnaire to supplement the interviews.

Difficulties on the job: Some of the on-the-job stresses that the interviewees perceived were monotony, long working hours, fatigue etc.

The mental health professional believes that while "being around death does increase one's stress levels and anxiety, a lot depends on the individual's vulnerabilities." For instance, patterns of interactions with the families of the deceased changed between workers. MW reported feeling of loneliness and depression after a day's work, whereas SM said, "If you are scared of this job, you can't do it…. whatever you do, you should enjoy it, I am happy" SM's resilience was also seen in his responses on the questionnaire.

The typical shift for mortuary workers was 12 hours. During this time, they encountered a barrage of sensory stimuli such cleaning fluids, decomposition and odours of the body. Although workers become habituated to this, one said, "We don't even realise what it's doing to us, until the end of the day. Then we think about it."

On the counselling self-assessment questionnaire, interviewees also expressed high levels of fatigue and poor sleep. Two of the workers reported deterioration in physical and/or mental

conditions in the past two weeks as well. Thus, those who handle the dead, face many occupational stresses.

Coping strategies: Flynn (2015), reported that mortuary workers use coping strategies such as distancing, sharing, personal growth, and experience. Each interviewee used different strategies to cope with the stresses they faced.

"Avoiding personalising the remains is a necessary strategy for long-term job functioning and health" (Flynn, 2015, p. 95). RK 'inoculated' himself, by shifting his attention from the 'human' aspect, by perceiving it as just an 'object' that must be "packed, moved and stored in the ice-box, until the ambulance picks it up". To decrease emotional involvement interviewees used impersonal language like 'expiry', 'body' and 'storage'.

Workers with lesser experience usually shared their experiences and difficulties with senior workers, while the senior workers shared theirs with supervisors. This chain of support fosters acceptance and identity.

Another strategy workers used to cope with their job was to look at the positives and negatives of the jobs, using the former to cope with the latter. One worker said, "I know I am shifting bodies and seeing people die. But at the same time, patients are coming and getting better and leaving also…. Whatever we do, it is because we helping others." Another said, "If the job really bothered me, I would have left long time back."

However, DR stated that workers under him sometimes engage in alcohol abuse, due to a lack of culturally appropriate support and high stress.

Mental health support: There are several fields where people deal with death on a regular basis, such as the army, emergency units, police etc. However our exploratory study suggests that mortuary workers are a vulnerable population. Currently, "not much thought is given to those in this occupation", according to AC. Possible support can come through their supervisor, regular breaks and holidays and meetings with peers to discuss work challenges. Perhaps the availability of counselling services at mortuaries will help maintain wellbeing. Although further research is required, AC suggests the use of "group-analytic and dynamic psychotherapy". "Let the group lead the conversation. Hearing the stories and experiences of other mortuary workers could be a powerful experience by itself. Such a group would be practical, if the number did not exceed nine and they met once in two weeks."

CONCLUSION

This paper attempts to explore the possibility of a need for counselling services for mortuary workers in India. The research suggests that their psychological reaction to death are complex

and multifaceted. Training, education, supervision and peer support act as protective factors against the stresses of the job for the group in general. However, individual reactions depend on factors such as resilience, job satisfaction, personal growth, perception of death etc.

Further research can focus on developing a therapeutic strategy that targets 'meaning-making' as an important tool for these workers (Currier, Holland & Neimeyer, 2006). Such a therapeutic strategy must be realistic, practicable with a potential to be implemented on a large scale. Supervision of workers requires listening skills, empathy and sensitivity to their experiences. At the time of recruitment, supervisors can also provide 'awareness training' regarding the nature of the job, necessary precautions as safety hazards of the job.

Based on our study, professional support should be tailored to the worker as an individual and as a member of a team of workers.

Appendix A- Informed Consent form

Place:

Date:

INFORMED CONSENT: DATA COLLECTION FOR RESEARCH PAPER

(Department of Psychology, Christ University)

As part of a research paper presentation in the university, we have undertaken this study. This form contains information about this research and about your rights and responsibilities as a client/participant. Please sign this form in the space provided at the end once you have understood all the information and are ready to give your consent to participate in this research. Do feel free to share or inquire about any query or doubt that arises, with the researcher.

Data collection is an integral part of any research. The following research is being conducted with the aim to study the patterns of "Foreseeing a need for counselling practices among mortuary workers." The study is about mortuary workers from India. As a part of the study, the workers would be required to give information regarding personal and demographic details and responses in an in-depth interview held with the researcher.

All the information given by the participants would be kept confidential and would not be misused for any other purpose except research, with the prior consent of the participants and his/her family members. It is also assured that none of the participants would be harmed in any manner during the course of this research.

INFORMED CONSENT

I personally understand the purpose of this research study. I will approach each of the procedures involved in this research with sincerity, keeping in mind the purpose of this study. I also realize that all the information given by me are kept confidential and it will not be released to any

person or organization without my prior permission. I am aware that the interview will be audio-recorded and will be used only for the purpose of research. I also understand that I have the right to discontinue the process at any time and the assessors may be unable to communicate my results to me if study is terminated on my part. I am aware of my responsibilities as well as my rights. Hence, I hereby agree to participate in this research study. I consent that I have been fully informed about the policies and rules regarding the research.

Signature of Participant Name of Participant

Signature of the Researcher Name of Researcher

Appendix B- Demographic Information Sheet

Demographic Information Sheet - Mortuary Worker

1. Name: _____
2. Age: _____
3. Nationality: _____
4. Designation: _____
5. Number of years of experience: _____
6. Gender:

□ Male
□ Female
□ Other

7. Family structure

□ Nuclear
□ Joint

8. Area of residence

□ Rural
□ Urban

9. Average Monthly Income: _____

Appendix C- Interview guide

Interview Guide

Mortuary workers

1. Tell me how you spend your day in general? What are your duties and responsibilities?
2. How many hours a day do you work? How long have you been doing this job?
3. How do you manage work and family?
4. How many people work with you? Is the number sufficient?
5. What were your reasons for choosing this job?

6. When you were hired, were you told the nature of the job?
7. Were you given any special training for this work? Was it sufficient?
8. Is there any special equipment given to you? Is it sufficient?
9. Are there any dangers involved that you know of?
10. Do you ever feel afraid or worried, handling the bodies? Can you elaborate?
11. What kind of stress do you face in this job? How do you cope with it?
12. Do you feel like your mental health is affected by this job? How?
13. Are you satisfied with this job? What are some of the things you like, and dislike about your job?
14. If you have a problem at work, who do you approach? Are they effective?

Doctor - Department of Forensic Medicine

1. How many people work under you? Is the number sufficient?
2. Is there any training given to the workers in the mortuary? Do you think it's sufficient?
3. What are the dangers involved in this job?
4. What are the standards of safety that must be followed in the morgue?
5. Do the workers face stress in this job? How do they cope?
6. Do they engage in unhealthy behaviours like alcohol or substance abuse?
7. If the workers have a problem, do they approach you to talk about it?
8. Do you think that some form of counselling is needed for this department?
9. Would it be beneficial in improving their well-being?

Mental Health Professional

1. How is the general population affected when they experience the death of a loved one?
2. How will this change with mortuary workers who experience a stranger's death on a regular basis?
3. How could their psychological well-being be affected by constant exposure to bodies?
4. Is there an existing theoretical framework that could help understand the psychology of mortuary workers?
5. What kind of mental health support will they need? Is it necessary to develop a therapy model focusing on the needs of mortuary workers?
6. What should be the goals of such a model?
7. How do we make this kind of counselling practice accessible to all workers?
8. Would mortuary workers require awareness training to prepare for the stressors they would face in their job?
9. What kind of coping techniques should they use to handle bodies and death on a daily basis?
10. Studies have shown that these workers are often prone to depression and substance use. How can mental health professionals prevent this?

Appendix D- Counselling Self-Assessment Questionnaire

Counselling Self-Assessment Questionnaire

This questionnaire is designed to help you decide if counselling would be beneficial to you at this time.

Answer the questions with *yes*, *no*, or *sometimes*, as applicable. In general, if you answer ***yes*** 5 to 6 times, or ***sometimes*** 8 times, you might be going through a difficult time and could benefit from counselling.

Questionnaire

Within the last two weeks have you had problems with

1. Fatigue
   - Yes
   - No
   - Sometimes
2. Sleeping
   - Yes
   - No
   - Sometimes
3. Poor appetite
   - Yes
   - No
   - Sometimes
4. Nausea
   - Yes
   - No
   - Sometimes
5. Dizziness
   - Yes
   - No
   - Sometimes
6. Problems conversing
   - Yes
   - No
   - Sometimes
7. A deterioration in your physical or mental condition
   - Yes
   - No
   - Sometimes
8. Breathlessness
   - Yes
   - No
   - Sometimes

9. Pain
   - Yes
   - No
   - Sometimes
10. A reduction in everyday functioning
   - Yes
   - No
   - Sometimes
11. Worrying
   - Yes
   - No
   - Sometimes
12. Restlessness
   - Yes
   - No
   - Sometimes
13. Feelings of loneliness or isolation
   - Yes
   - No
   - Sometimes
14. Feelings of sadness
   - Yes
   - No
   - Sometimes
15. Feelings of loss
   - Yes
   - No
   - Sometimes
16. Difficulty controlling your emotions
   - Yes
   - No
   - Sometimes
17. Diminished self-confidence
   - Yes
   - No
   - Sometimes
18. Anxiety about illness or treatment
   - Yes
   - No
   - Sometimes
19. Feelings of depression
   - Yes
   - No
   - Sometimes

20. Feelings of despair
- Yes
- No
- Sometimes

21. Have you had sufficient support around you?
- Yes
- No
- Sometimes

22. Would you like to have had the opportunity to speak to someone?
- Yes
- No
- Sometimes

Questionnaire courtesy of drs Kitty Knipscheer-Kuipers, Ingeborg Douwes Centrum, Amsterdam

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Rape Myths in Rapists and Other Offenders

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ABSTRACT

Rape is a commonly occurring International phenomenon which has no cultural boundaries. Rape is a pervasive crime (Grubb, 2008; Harrower, 2009) and is significant due to its huge social and personal cost to the victims, their families and eventually society as a whole (Polaschek, Ward & Hudson, 1997). Rape in India has been described as one of India's most common crimes against women. The objective of this study was to determine whether there is a significant difference between rapists and other-offenders with respect to rape myths and its 7 dimensions (viz., 'she asked for it', 'it wasn't really rape', 'he didn't mean to', 'she wanted it', 'she lied', 'rape is a trivial event' and 'rape is a deviant event'). A non-probability purposive sampling method was employed to select a sample of 60 male prisoners who were convicted and sentenced. Among them, 30 were rapists and 30 were other-offenders. The Illinois Rape Myth Acceptance Scale (IRMA) (Payne, Lonsway & Fitzgerald, 1999) was used to measure the rape myths prevalent among rapists and other-offenders. The results revealed that there is a significant difference between rapists and other-offender with respect to rape myths and its 7 dimensions. Studies such as this draw attention to how we as a society responsible for introducing such appalling levels of violence against women, which is being endured, tolerated and even regularised. More laws or pleas for death sentences are not the answer to this deep-rooted societal problem. What is required today is not more protection and security, but education about rape and the motive behind such a monstrous crime and its implications.

Keywords: *Rape, Rapists, Offenders*

The occurrence of sexual assault including rape has been discussed quite thoroughly since the 1980s (Girard & Senn, 2008). Rape as a subject has received immense academic attention as a result of its pervasive occurrence and impact. Rape is a commonly occurring International

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phenomenon which has no cultural boundaries. Sexually aggressive behavior seems to be embedded in the modern society (Grubb & Turner, 2010). Rape is a pervasive crime (Grubb, 2008; Harrower, 2009). Rape is significant due to its huge social and personal cost to the victims, their families and eventually society as a whole (Polaschek, Ward & Hudson, 1997). The UN Crime Trends Survey questionnaire defines rape as 'sexual intercourse without valid consent.' The term 'rape' is deeply rooted in our cultural lexicon and has great evocative and graphic qualities. It stirs up feelings of fear and antipathy as it is essentially about people who sexually force themselves up on others, often in violent ways (Burt, 1980). Rape is a crime, it is not sexual intercourse.

Rape in India has been described as one of India's most common crimes against women (Kumar, 1993). Women hold a high status in the Indian society, but there are no strict measures in place to protect them. Though the Indian Constitution enlists various laws to protect women there are many loop holes (Sashu, 2011). The Indian Penal Code defines rape as sexual intercourse or penetration by a man, without the consent of a woman (Krishnawat, Legal Service India). According to Justice Doraiswami Raju and Justice Arijit Pasyat (2005), "Rape is not only against the person of a woman; it is a crime against the entire society. It destroys the entire mindset of a woman and pushes her into deep emotional crisis'' (Karimattam, 2005). A rape victim is injured both physically and emotionally (Giri, 2006). Research states that rape emotionally damages the victims (Buddie & Miller, 2001). Women who have been ra ped are more depressed and anxious than non-victimized women (Kilpatrick, Resick & Veronen, 1981). According to the United Nations statistics, India has a high rape rate (Harrendorf, Heiskanen & Malby, 2010). It is estimated that 1 in every 4 women will be the victim of rape in their lifetime and up to 45% of collegiate women have endured some form of sexual assault scenes leaving High School (De Keseredy & Kelly, 1993; DeKeseredy & Kelly, 1995). The World Health Organization 2012 states that the principal factors that lead to perpetration of sexual violence are: beliefs in family honor and sexual purity, ideologies of male sexual entitlement and weak legal sanctions for sexual violence.

Groth and Birnbaum (1979) identified three different kinds of rapists: anger rapist, power rapist and sadist rapist. The first type of rapist is anger rapist. Anger rapists are very angry men. Even though they may be angry at women in general, or may react angrily to specific behavior of their victim, they are most often angry about a variety of issues in their lives. They cannot and will not face the complicated issues in their life directly and in a pro social manner. Angry rapists are more likely to use a significant amount of physical force when they subdue their victims- in most cases, far more force than is needed to perpetrate the abuse. This often leaves victims severely beaten and injured on different areas of the bodies. Anger rapists also have a tendency to be verbally abusive during their attack- which is short in duration and very explosive in nature. Anger rapists do not tend to plan their specific offenses. Rather, they act impulsively to take advantage of situations. Victim choice depends wholly up on whom anger rapists see as

vulnerable and available at the moment they decide they want to offend. Between 25% and 40% of known rapes are committed by men who are considered anger rapists. Second type of rapist is the powers rapist. Power rapists- like anger rapists- use sexual assault as a means to feel powerful and in control. They do not however discharge anger during their offences and they only use physical force necessary to perpetrate the offense. If power rapist can gain control through threat and psychological coercion (rather than physical intimadation) they will do so. As a result the physical injuries usually associated with anger rapists are less common with power rapists. The offences themselves may last over a long period of time than those committed by angry rapists and maybe repetitive in nature. Domestic violence offenders who commit sexual assault against the partners are often power rapists. Finally, sadistic rapists are individuals who have an erotic attraction to power, anger or violence. Sadistic rapists engage in compulsive, sometimes ritualized sexual assault behavior. Because they have an erotic response to power and control, extreme violence and torture often characterize their assaults. In many cases victims of sadistic rapists are murdered during the assault. Unlike all the other types of sex offenders, sadistic rapists often have a very significant psychiatric difficulty that may have a direct relationship to the offence behavior.

Rape myths influence the common perception of rape (Burt, 1980, 1991). Rape myths are false beliefs, which are used primarily to shift the blame of rape from the perpetrators to victims. They are prevalent in today's society and in many ways contribute towards the incidence of rape (Suarez & Gadalla, 2010). They are false beliefs, prejudices or stereotypes about the act of rape, the rape victims or the rapists. Rape myths are a part of the general culture. They are acquired from the family, friends, newspapers, movies, books, dirty jokes etc (Odem & Clay-Warner, 1998). The acceptance of rape myths is linked with factors such as gender role labelling, sexual conservatism and acceptance of interpersonal aggression (Burt, 1980). Lonsway and Fitzgerald (1994) define rape myths as ‘Attitudes and beliefs that are generally false but are widely and persistently held and that serve to deny and justify male sexual aggression against women.’ Koss (1993) opines that rape myths can be categorized under 3 headings: victim masochism (e.g., they enjoy or they want it), victim fabrication (e.g., they lie or exaggerate) and victim precipitation (e.g., they ask for or they deserve it, happens to certain types of women). Belief in such myths may allow men to justify male sexual violence and women to deny personal vulnerability to rape (Lonsway & Fitzgerald, 1995). Rape myths facilitate the denial of instances of rape. In a world without rape every act of coerced sex involving penetration would be understood and considered as rape (Burt, 1980, 1991). The just world theory is one of the fundamental explanations for the maintenance of rape myths (Lerner, 1980; Lerner & Miller, 1978). According to the just world theory, people get what they deserve and deserve what they get. By attributing the blame on victims, one's perceived probability of becoming a victim is lessened. This theory helps in preserving the notion that the world is safe and secure place and the event such as rape can be controlled (Idisis, Ben-David & Ben-Nauchum, 2007).

Rape is generally considered as a sexual crime against women and the rape of men is neglected (Stermac, Sheridan, Davidson & Dunn, 1996; Walker, Archer & Davies, 2005). But, of late a large number of male rapes have been reported (Shechory & Idisis, 2006). Regardless of these findings, people fail to recognize the rising numbers of men who are sexually assaulted (Anderson, 1982). Research suggests that rape myths about men, such as 'a male rape victim who showed no resistance to his attacker should have done so' exist (Kassing & Preito, 2003) and 'sexual assault against men typically occur only in prisons or other institutional settings' (Shechory & Idisis, 2006). Thus, usually rape myths have been discussed in the perspective of violence against women (Shechory & Idisis, 2006).

Social acceptability rules are stricter for women than for men (Williams & Best, 1994), hence, the behavior of female rape victims is blamed more than the behavior of male victims (Schneider, Ee & Aronson, 1994). There are fewer acceptances of rape myth about men (Struckman-Johnson & Struckman –Johnson, 1992). Authorities, public, rapists and even victims themselves often attribute blame to the victim (Wakelin & Long, 2003). Greater is the acceptance of rape myths when greater is the willingness to attribute the blame to victims of sexual assault (Kooper, 1996). Thus, more the rape myths people believe in, more is the tendency to blame the victim and more is the likelihood that people will believe that rape victim is responsible for her/his victimization (Shechory & Idisis, 2006).

Generally, when women are the rape victims, it has been found that women as well as men have different rape myths, although the necessity that these beliefs serve be different. Men use them to justify sexual aggressiveness, while women use them to deny personal vulnerability to rape (Johnson et al., 1997). At the same time researchers have stated that men have a more prominent tendency to adopt and endorse rape myths, to blame the rape victim and to view the rapist with a higher degree of lenience (Idisis, Ben-David, & Ben-Nachum, 2007). This may perhaps reflect defensive attributions; it could suggest that individuals tend to blame the victims who are not similar to them (Shaver, 1970). Most rape victims are women, so men may feel different from this particular group of victims and thus are more likely to support rape myths than women (Giacopassi & Dull, 1986; Gilmartin-Zena, 1988). Rape myths allow perpetrators to justify the sexually violent behaviour and permit non perpetrators to express hostile sexism by justifying the perpetrator's behaviour. Rape myths that blame the victim reinforce men's beliefs that the perpetrator was merely responding to a woman's sexual invitations (from her clothing, flirtatious behaviour, decision reputation, etc.). Therefore, victims and perpetrators, as well as third parties are motivated to employ rape myths.

People hold an idea of what the 'real' rape is. When they hear of a specific incident in which a woman is raped, they look at the incident, compare it to the idea of 'real' rape and often decide that the woman was not 'really' raped. The Classic 'real' rape, for many people, is raped by a stranger to use as a weapon; it is an attack which happens at night, it happens outside (in a dark

passageway), it occurs with a lot of violence, there is resistance by the victim and hence severe wounds and signs of struggle are visible (Burt, 1980). In fact, most of the above mentioned elements are absent in the majority of rape incidences. More than half of the rapes are committed by someone known to the victim; most do not involve a weapon, or injury beyond minor bruises or scratches, most occur indoors in either the victim's or the assailants' home (Burt, 1998). Rape myths, thus, are the mechanism that people use to justify dismissing an incident of sexual assault from the category of 'real rape.' Accepting or believing rape myths lead to a more restrictive definition of rape, which is rape-supportive because such thinking denies the reality of many actual rapes. Rejecting the assault as not been 'real' rapes makes the prosecution harder, the victim's recovery more difficult and the assailant's actions safer. Rejecting or disbelieving rape myths has the opposite effect; it leads to inclusion of more solids examples within the definition of what is a real rape (Burt & Albin, 1981). The consequences for the victims of unreal rape are: people blame them, treat them badly, do not take their situation seriously and do not offer needed support (Burt & Estep, 1981).

The gruesome gang rape in Delhi (December, 2012) has outraged us to say the least (Kidvai, 2012). Rape is not only about deranged individuals or infringement of law and order. Nor is the problem going to be solved by having more laws, more police on our streets, more CCTV cameras or stricter sentences for rapists. Rapes in India are increasing at an alarming rate. This has compelled us to reflect upon who we are as a society. Indians need to understand that rape is not just a heinous crime committed by heartless men. We need to address how we as a society responsible for introducing such appalling levels of violence against women, which is being endured, tolerated and even regularised. More laws or pleas for death sentences are not the answer to this deep-rooted societal problem. What is required today is not more protection and security, but education about rape and the motive behind such a monstrous crime and its implications. Hence the present study aims to ascertain the rape myths which act as an impetus to a ghastly crime like rape.

Objectives

- To determine whether there is a significant difference between rapists and other-offenders with respect to rape myths and its 7 dimensions (viz., 'she asked for it', 'it wasn't really rape', 'he didn't mean to', 'she wanted it', 'she lied', 'rape is a trivial event' and 'rape is a deviant event').

Hypotheses

H1. There is a significant difference between rapists and other-offenders with respect to rape myths.

H2. There is a significant difference between rapists and other-offenders with respect to the 'she asked for it' dimension of rape myths.

H3. There is a significant difference between rapists and other-offenders with respect to the 'it wasn't really rape' dimension of rape myths.
H4. There is a significant difference between rapists and other-offenders with respect to the 'he didn't mean to' dimension of rape myths.
H5. There is a significant difference between rapists and other-offenders with respect to the 'she wanted it' dimension of rape myths.
H6. There is a significant difference between rapists and other-offenders with respect to the 'she lied' dimension of rape myths.
H7. There is a significant difference between rapists and other-offenders with respect to the 'rape is a trivial event' dimension of rape myths.
H8. There is a significant difference between rapists and other-offenders with respect to the 'rape is a deviant event' dimension of rape myths.

METHOD

Research Design

The present research is a quantitative study which adopts a between-groups design to determine whether there is a significant difference between rapists and other-offenders with respect to rape myths and its 7 dimensions (viz., 'she asked for it', 'it wasn't really rape', 'he didn't mean to', 'she wanted it', 'she lied', 'rape is a trivial event' and 'rape is a deviant event').

Participants

A non-probability purposive sampling method was employed to select a sample of 60 male prisoners who were convicted and sentenced. Among them, 30 were rapists and 30 were other-offenders. The data was collected from Chanchalguda and Cherlapally jail from the metropolitan city of Hyderabad.

Inclusion Criteria

1. Rapists and other-offenders between the age of 18 and 60 were included in this sample.
2. Rapists and other-offenders convicted and sentenced for a crime committed were included in this sample.

Exclusion Criteria

1. Rapists and other-offenders diagnosed of having any psychotic disorders were not included in this sample.

Instrument

The Illinois Rape Myth Acceptance Scale (IRMA) developed by Payne, Lonsway and Fitzgerald (1999) was used to measure the rape myths prevalent among men about women as victims of rape. It consists of 45 items. It has 7 dimensions (viz., 'she asked for it', 'it wasn't really rape', 'he didn't mean to', 'she wanted it', 'she lied', 'rape is a trivial event' and 'rape is a deviant

event'). It is a 5 point Likert scale ranging from (1) 'Strongly agree' to (5) 'Strongly Disagree'. Higher scores indicate higher rejection of rape myths. Higher the score in each dimension lower the inclination towards that dimension. The coefficient alpha of this scale is 0.95.

Procedure

After selecting the measures, a few arrangements were made for data collection. The questionnaires and the Information Schedule were prepared and organized. The study was initiated after taking due permission and consent from the Cherlapally and Chanchalguda Jail. The researcher took permission from respective jails and went for collecting the data on scheduled dates. Informed consent was taken from the rapists and other-offenders and the questionnaire was administered. In addition to the written instructions, they were also instructed verbally and were encouraged to seek clarification on any aspect related to the study. On an average the time taken to administer the scale was 15 minutes.

Statistics Used

Mean, Standard Deviation and t test were the statistics used to draw inferences from the data.

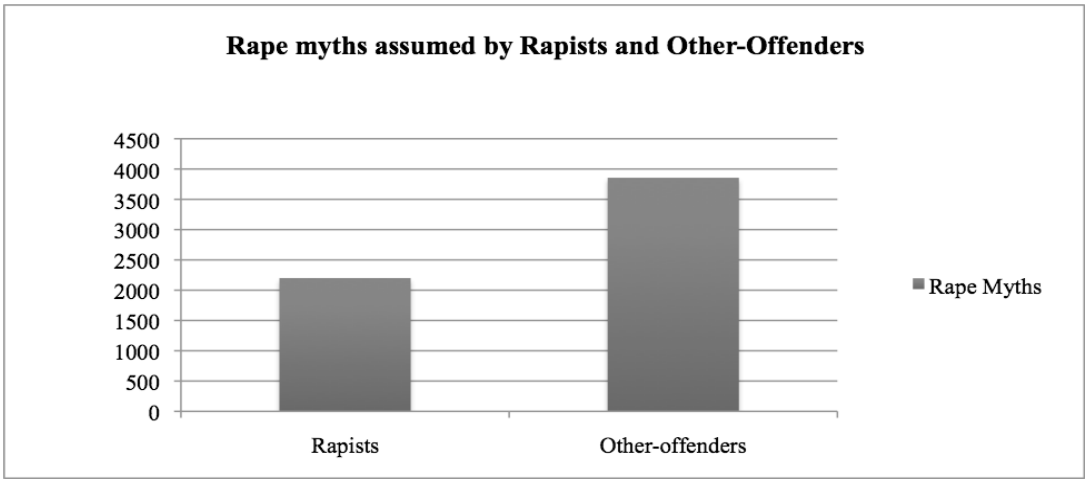
RESULTS

Table 1: Means, Standard Deviations and t-ratios of Rapists and Other-Offenders for Rape Myths and its seven dimensions.

Variable	N	Type of Offenders	Mean	Standard Deviation	t-ratio
Rape Myth	30	Rapists	73.33	9.54	16.00**
	30	Others	128.53	16.32	
She asked for it	30	Rapists	14.10	2.50	11.73**
	30	Others	25.20	4.54	
It wasnÕt really rape	30	Rapists	9.20	1.86	10.48**
	30	Others	16.80	3.51	
He didnÕt mean to	30	Rapists	9.50	1.98	10.50**
	30	Others	15.70	2.56	
She wanted it	30	Rapists	8.80	1.90	10.62**
	30	Others	15.93	3.15	
She lied	30	Rapists	9.00	1.68	10.63**
	30	Others	15.93	3.15	
Rape is a trivial event	30	Rapists	9.66	1.79	9.74**
	30	Others	16.70	3.53	
Rape is a deviant event	30	Rapists	13.06	2.08	11.25**
	30	Others	22.26	3.96	

**p<0.01

Table 1 reveals that there is a significant difference between rapists and other-offenders with respect to rape myths ($p<0.01$). It is evident from the mean scores in table 1 that the rapists (M = 73.33) scored lower on rape myths when compared to other-offenders (M = 128.53). As described earlier, on the Illinois Rape Myth Acceptance Scale, higher the score in each dimension lower the inclination towards that dimension. In other words, rejection of rape myths was higher in other-offenders as compared to rapists. Further analysis revealed significant differences between rapists and other-offenders with respect to the dimensions of 'She asked for it' ($p<0.01$), 'It wasn't really rape' ($p<0.01$), 'He didn't mean to' ($p<0.01$), 'She wanted it' ($p<0.01$), 'She lied' ($p<0.01$), 'Rape is a trivial event' ($p<0.01$), and 'Rape is a deviant event' ($p<0.01$) of rape myths. It is evident from the mean scores in Table 1 that the rapists (M = 14.10) scored lesser than the other-offenders (M = 25.20) on the dimension 'She asked for it' of rape myths. In other words, rejection of the 'she asked for it' rape myth was higher in other-offenders when compared to rapists. Likewise, it is evident from the mean scores that the rapists (M = 9.20) scored lesser than the other-offenders (M = 16.80) on the dimension 'It wasn't really rape' of rape myths. In other words, rejection of the 'it wasn't really rape' rape myth was higher in other-offenders when compared to rapists. The mean scores in Table 1 also indicate that the rapists (M = 9.50; M = 8.80; M = 9.90) scored lesser than the other-offenders (M = 15.70; M = 15.93; M = 15.93) on the rape myth dimensions of 'He didn't mean to,' 'She wanted it' and 'She lied' respectively. In other words, rejection of these rape myths was higher in other-offenders when compared to rapists. Lastly, it is evident from the mean scores that the rapists (M = 9.66; M = 13.06) scored lesser than the other-offenders (M = 16.70; M = 22.26) on the dimensions of 'Rape is a trivial event' and 'Rape is a deviant event' respectively. In other words, rejection of 'rape is a trivial event' and 'rape is a deviant event' rape myths were higher in other-offenders when compared to rapists. Thus, hypotheses H1 – H8 were accepted.



Note: Higher scores indicate greater rejection of rape myths. Lower scores indicate greater acceptance of rape myths

Figure 1: Rape myths assumed by rapists and other-offenders: she asked for it, it wasn't really rape, he didn't mean to, she wanted it, she lied, and rape is trivial event.

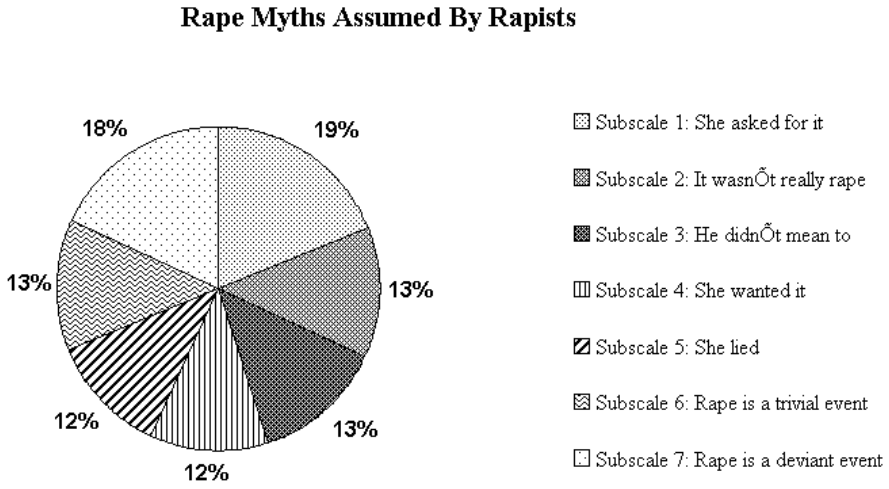


Figure 2: Rape myths assumed by rapists: she asked for it, it wasn't really rape, he didn't mean to, she wanted it, she lied, and rape is trivial event.

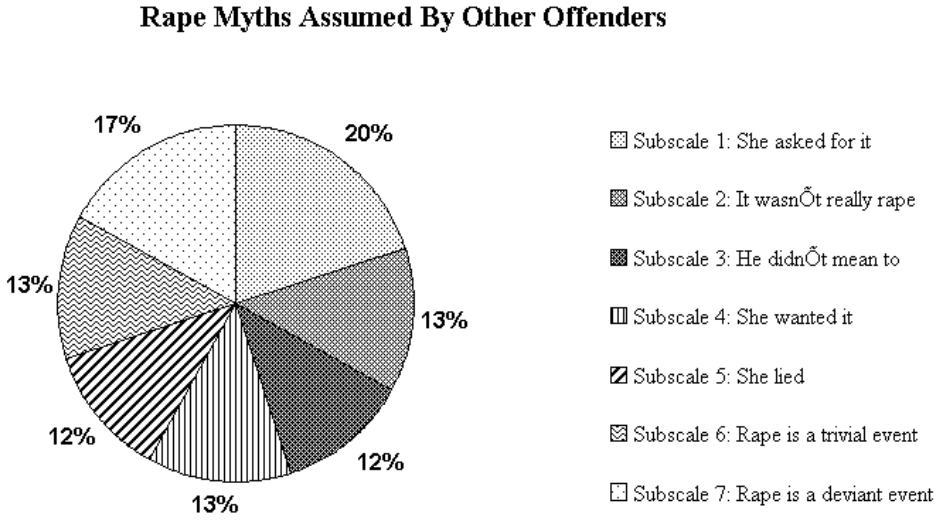


Figure 3: Rape myths assumed by Other-offender: she asked for it, it wasn't really rape, he didn't mean to, she wanted it, she lied, and rape is trivial event.

DISCUSSION

The analysis of the results of the present study revealed that there is a significant difference between rapists and other-offenders with respect to rape myths. It is apparent that the rejection of rape myths was higher in other offenders when compared to rapists. According to the social learning theory of rape, rape myths are the chief causes of rape. Rape myths allow perpetrators to justify their sexually violent behaviour and permit non-perpetrators to express hostile sexism by justifying the perpetrators behaviour. Rape myths that blame the victim reinforce men's beliefs that the perpetrator was merely responding to a woman's sexual invitations (from her clothing,

flirtatious behaviour, sexual reputation, etc). Therefore, victims and perpetrators, as well as third parties are motivated to employ rape myths (Franuik, Seefelt & Vandello, 2008).

The findings also indicated that the rejection of rape myth 'she asked for it' was higher in other offenders when compared to rapists. According to Koss (1993) rape myths can be listed under 3 topics; the first one is victim precipitation (for e.g., they ask for/deserve it, it only happens to certain types of women). According to Shechory & Idisis, 2006, many women wish to be raped. Field (1978) is of the opinion that people who advocate traditional attitudes believe that women are to be blamed for rape. According to Wakelin and Long (2003), authorities, public, rapists and even victims themselves often attribute blame to the victim. Greater is the acceptance of rape myths when greater is the willingness to attribute blame to the victims of sexual assault. Thus, more the rape myths people believe in, more is the tendency to blame the victim and more is the likelihood that people will believe the rape victim is responsible for his or her victimization (Shechory & Idisis, 2006). When people attitude blame to victims, they place them under scrutiny; and factors such as the victims' dress (Kanekar & Kolsawalla, 1980), respectability and attractiveness are used to establish the extent to which a victim must be held responsible for the rape. Kanekar and Kolsawalla (1980) are of the opinion that if the victim was dressed provocatively, then she will be made responsible for the rape. Even normal social behaviours can be perceived as contributory factor in the victims rape - for example, a victim who had a drink on her own before her rape, received more blame for her attack than a woman who finished work in the office before her rape (Krahe, 1988), even though, in both cases there is no clear suggestion that the victim behaviour was related to the attack in anyway.

The study reported significant differences between rapists and other-offenders with respect to the 'it wasn't really rape' and 'he didn't mean to' dimensions of rape myths. It is apparent that the rejection of the rape myths 'it wasn't really rape' and 'he didn't mean to' was higher in other offenders when compared to rapists. According to Burt (1980), Costin and Schwars (1987), Ehrhart and Sandler (1985) and Lonsway and Fitzgerald (1994), 'Victims of failed to report to the police right away were not really raped' is a common rape myth. Likewise, Brownmiller (1975) and Burt (1980) argue that some societies are 'rape-supportive' because victims are held somewhat responsible for their sufferings; whereas perpetrators are usually excused and their actions are partly justified, Williams and Best (1994) opine that social acceptability rules are stricter for women than men. Hence, behaviour of female rape victims is blamed more than the behaviour of male victims (Schneider, Ee & Aaronson, 1994). At the same time, researchers have stated that men have a more prominent tendency to adopt and endorse rape myths, to blame the rape victim and view the rapist with the higher degree of lenience (Idisis & Ben-David, 2007).

Moreover, the analysis of the present findings revealed a significant difference between rapists and other-offenders with respect to the 'she wanted it' and 'she lied' dimensions of rape myths.

It is apparent that the rejection of the rape myths 'she wanted it' and 'she lied' was higher in other offenders when compared to rapists. These results are supported by the findings of a previous study by Koss (1993) which suggested that one of the most commonly reported rape myth is victim machoism (e.g., they enjoy or they want it).

Lastly, the present study found significant differences between rapists and other-offenders with respect to the 'rape is a trivial event' and 'rape is a deviant event' dimensions of rape myths. In other words, the results suggested that as compared to the rapists, the rejection of the rape myths 'rape is a trivial event' and 'rape is a deviant event' was higher in other offenders. According to Johnson et al., (1997) generally, when women are the rape victims it has been found that women as well as men have different rape myths, although the necessity these beliefs serve maybe different. While women use them to deny personal vulnerability to rape, men use them to justify sexual aggressiveness.

It can be observed from figure 2 that there is not much difference between the rape myths assumed by rapists. Rapists assume the rape myth: 'She asked for it' 19% of the time; the rape myth: 'rape is a deviant event'18% of the time; the rape myth: 'it wasn't really rape', 'he didn't mean to' and 'rape is a trivial event' 13% of the time; and the rape myth: 'she wanted it' and 'she lied' 12% of the time. It can be observed from figure 3 that there is not much difference between the rape myths assumed by other-offenders. Other-offenders assume the rape myth: 'She asked for it' 20% of the time; the rape myth: 'rape is a deviant event'17% of the time; the rape myth: 'it wasn't really rape', 'he didn't mean to' and 'rape is a trivial event' 13% of the time; and the rape myth: 'she wanted it' and 'she lied' 12% of the time. Thus, rape myths influence the common perception of rape (Burt, 1980, 1991). Rape myths facilitate in the denial of instances of rape. In a world without rape, every act of coerced sex involving penetration would be understood and considered as rape (Burt, 1980, 1991). Thus, rape myths are the mechanism people use to justify dismissing an incident of sexual assault from the category of 'real rape'. Accepting or believing rape myths lead to a more restrictive definition of rape, which is rape-supportive because such thinking denies the reality of many actual rapes. Rejecting the assaults as not being 'real' rapes makes rape prosecution harder, the victim's recovery more difficult and the assailant's actions safer. Rejecting or disbelieving rape myths has the opposite effect; it leads to inclusion of more solid examples within the definition of what a real rape is (Burt & Albin, 1981).

Rape myths are present in scores of individuals (Lonsway & Fitzgerald, 1994). The empirical data supports the notion that rape myths are assumed by both rapists and other-offenders, but the degree is significantly high in rapists. Rapists assume rape myths more when compared to other-offenders. We can infer that rape myths may be the driving force behind a horrendous crime like rape. Myths such as: 'she asked for it', 'it wasn't really rape', 'he didn't mean to', 'she wanted it', 'she lied', 'rape is a trivial event' and 'rape is a deviant event' may act as an impetus to an awful crime like rape. Rape myths allow perpetrators to justify their sexually violent behaviour

and permit non-perpetrators to express hostile sexism by justifying the perpetrators behaviour. Rape myths that blame the victim reinforce men's beliefs that the perpetrator was merely responding to a woman's sexual invitations (from her clothing, flirtatious behaviour, sexual reputation, etc). Therefore, victims and perpetrators, as well as third parties are motivated to employ rape myths. Ironically, the self-protective intention behind the use of rape myths can increase a woman's risk of being assaulted and can perpetuate cultural norms that trivialize rape (Franuik, Seefelt & Vandello, 2008).

Rape can result in severe psychological and physical consequences for the victim. Hence, mental health professionals have outlined and adopted various treatment and preventive approaches so as to reduce and prevent rape recidivism and suffering of the victim (Marx, Miranda & Meyerson, 1999). Based on the assumption that sexual offences like rape are a result of some unresolved developmental issues non-behavioral programs have laid emphasis on re-education, re-socialization and confrontation of unresolved life issues that cause sexually aggressive behavior. Although such approaches have been quite influential they lack the requisite empirical support, they neither give detailed treatment nor prevention significantly (Polaschek, Ward & Hudson, 1997). Research suggests that adequate treatment would be necessary to deal with sexual crimes issues and to ensure that rapists do not re-offend (Ellis, 1983). Additionally, research recommends Cognitive skills training and Behavioral Conditioning as to treatment methods for rapists for reducing deviant sexual behavior (John Howard Society of Alberta, 2002). India could look into the possibility of introducing programs that provide treatment for rapists through an intensive course of therapy. Intervention in the form of treatment could include: psychotherapy, victim empathy, cognitive restructuring, anger management, relapse prevention, life planning and goal attainment and more. Research suggests that comprehensive treatment of sexual offenders can significantly reduce sexual offence recidivism (Studer, Reddon, Roper & Estrada, 1996). This comprehensive approach has been tried and tested. Similar programs have been employed by many countries across the Globe, for example, The Phoenix Program at Alberta Hospital in Edmonton, Canada has proven to be very successful; and the recidivism rates for offenders treated by the program are low (John Howard Society of Alberta, 2002).

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Conflict of Interests

The author declared no conflict of interests.

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The Effectiveness of Coping Strategy Training For Behavioural Modification among School Going Heart Defect Children after Surgery

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ABSTRACT

The Congenital heart disease -CHD has come to be regarded as a chronic rather than terminal disease owing to dramatic advances in its medico surgical management paving the emerging recognition of behavior problem in children Thus, it is salient for healthcare providers to help children with CHD increase their resilience by using effective coping strategies. In the process of growing, middle child hood experience stress so called unexplainable emotion reflecting in behavior modification and the improvement outcomes depends upon on how they cope. It is noteworthy that persistent over stress will impair students' academic achievement, interpersonal and intra personal development. This preliminary study is meant to obtain the effectiveness of coping strategies training among middle school children who have undergone heart defect surgery rejoining school after a break due to hospitalization. The objective is to examine the comparison between coping strategies trained (CST) CHD and coping strategy untrained (CSUT) CHD children. An experimental study involved 20 surgically operated CHD middle school children. The samples selected using simple randomized sampling which was divided into 2 groups ExperimentalGroup1 CST, ControlGroup2: Control group CSUT. A validated Coping Strategies Inventory (CSI) by Davidl. Tobin's 72-itemQuestionnaire was used to assess coping thoughts and behaviors in response to a specific stressor .Highly significant coping skill was found in group1 who underwent CST .The CST trained children showed a positive approach towards their phase of life after complicated heart surgery.

Keywords: *Stress, Behavior, Coping Strategies, Middle School Children, Congenital heart defect.*

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Congenital Heart Disease (CHD) or Congenital Heart anomaly is a defect in the structures of the heart and great vessels which is present at birth. The causes for CHD are genetic and environmental but usually the combination of both. There exists a distinctive pattern of Neurodevelopmental pattern characterized by cognitive, emotional and behavioral impairment in CHD survivors. Many school survivors of infant cardiac surgeries undergo unexplainable emotional disturbances which lead to the behavioral modification reflecting a negative aspect of life. Early screening and rehabilitation training as follow up procedure post operatively consequently result in improvement of positive approach as outcome in this high risk population.[1]

In early fetus the brain and heart develop simultaneously. The derangement of the fetal blood flow results in impaired blood flow to brain. In return impairing Brain growth and development. Medical and surgical procedure management has resulted in significant decrease in the mortality rate but causing a declined quality of life with poor development of cognitive, emotional and behavioral skills.

Stress is generally defined as the body's nonspecific response or reaction to demands made on it, or to disturbing events in the environment .It is a process by which we perceive and cope with environmental threats and challenges. Personal and environmental events that cause stress are known as stressors, Therefore, stress is simply defined as emotional disturbances or changes caused by stressors [2]. Chronic and excessive stress leads to physical, emotional and mental health problems and affects students academic achievement, personal and professional development .Therefore, early detection and intervention may prevent and minimize the exert effects of stress on the Children future. Stress on middle school students needs to be recognized, and strategies developed to improve it should be focused on both individual and situational factors.

Coping is a complex mental process by which a person deals with stress, solves problems, and makes decisions. It is an emotional, cognitive and behavioral response of a patient to an illness. Coping process involves at least two stages: confronting and managing with different aspects of illness or disability [3]. Since every children is a unique person, an emotional, cognitive and behavioral response can vary a lot and can occasionally be quite unpredictable .According to Folkman & Lazarus coping strategies can be grouped into two general types; problem-focused and emotion-focused coping. Problem-focused coping is aimed at problem solving or doing something to alter the source of stress. Emotion-focused coping is aimed at reducing or managing the emotional distress that is associated with the situation. Although most stressors elicit both types of coping, problem-focused coping tends to predominate when people feel that something constructive can be done, whereas emotion-focused coping tends to predominate when people feel that the stressor is something that must be endured [4]

Effective and appropriate coping strategies may buffer the impact of newly encountered stressful situations on mental and physical health. Therefore, using coping strategies effectively and appropriately will help the children in improving their stress level. [4]

This study reveals the importance of Coping Strategy training post operatively in children with CHD .Middle School children with congenital heart disease adopt their illness as a part of their lives using their own knowledge and undergo unexplainable stress. The love and affection, sympathy attitude reflects in extreme pressure which make them feel different from their normal peer group, teacher –student relation and parental relation. However, most health providers tend to provide information about congenital heart disease mainly to the parents instead to the child, and many parents tend to be uncomfortable talking about the disease with their child. It is essential for the child to understand the ways in which they can cope up with stress as well as the degree of their knowledge to better explicate the process of adaptation to the illness. Hence the follow-up coping strategies demonstrate much higher resilience in children which able them to live quality life as normal children understanding self and situation to cope up.

Aim:

1. To study and compare coping strategy trained (CST) CHD middle school children and Coping Strategy untrained (CSUT) CHD children post operatively.

Objectivity of the Study:

1. To study the specific stressor in children with CHD.
2. To assess the effectiveness of coping strategy training postoperatively in middle school children.

Procedure:

This preliminary experimental study involving 20 middle school children aged 6-8years both male and female, who have undergone surgery for their congenital heart defect. Simple randomized sampling method was used in selecting children. The sample was divides into two groups ExperimentalGroup1: CST Coping Strategy trained, ControlGroup2: Control group CSUT Coping Strategy untrained.

Children and parents were educated about the nature and procedure of the study. A preview of the study and the importance was explained to the parent along with their children, and then they were enrolled in the study obtaining parental consent. All baseline assessment like demographic, socioeconomic, medical data was done individually for both groups. One of the appendix of the inventory was the identification of a specific stressor. The common specific stressor identified for both group was unexplainable emotion due to the difference in attitude (sympathized attitude)

of teachers and class mates during rejoining school after a break of months after hospitalization. The specific stressor was noted in their respective questionnaire.

Investigator helps to fill in the questionnaire during face-to-face session with the children. Completion of the questionnaire was voluntary.

Tool Used

The following tabular representation shows the name of the tool; author and number of items.

S.No.	Name of the Tool	Author	No of items
1.	Coping Strategies Inventory (CSI) Questionnaire designed to assess coping thoughts and behaviors in response to a specific stressor.	Davidl.Tobin's	72-item self-report The primary scale consist of specific coping strategies Children's use in response to stressful events. They are : • Problem Solving • Cognitive Restructuring • Express Emotion • Social Support • Problem Avoidance • Wishful Thinking, • Self Critic, • Social With drawal, Each consists of 8 questions.

The coping strategy training CST schedule including each program description , material requirement , set up , instruction to children and parents. All basic instruction was given. The session involved only children of Experimental group 1 and first few sessions were devoted to the introduction of the program. The children in the experimental group were given 15hours of coping Strategy after the surgery from the date the children starts the review of the cardiologist as outpatient before rejoining the school.

The effectiveness of coping strategy is accessed using the Coping Strategies Inventory(CSI) ,15 days after the children of both group rejoins school .It is a 72-item questionnaire designed to assess coping thoughts and behaviors in response to a specific stressor. The children taking the CSI were asked to respond to 72 questions in a 5-item Likert format. Respondents indicate each item to the extent they performed that particular coping response in dealing with the previously

described situation (Specific Stressor) a. None =0; b. A Little =1; c. Some=2; d. Much=3; e. Very Much=4. The Subscales of the Coping Strategies Inventory was accessed using primary scale. The primary scales consist of specific coping strategies children use in response to stressful events. These include Problem Solving, Cognitive Restructuring, Express emotion, Social Support, Problem Avoidance, Wishful Thinking, Self Critism, Social With drawal, each specific coping strategy consists of 8 questions each. The time taken by the child for answering the questionnaire was around 1hour. The questionnaires were collected for both experimental group1 and control group 2

Analysis:

The data thus collected following the above design and procedure was interrupted using mean and standard deviation which was compared through independent t test using SPSS.

RESULT

Table 1: Level of Coping among the Children in Both Groups

PRIMARY COPING SUB SCALE		LEVEL OF COPING		
		Inadequate	**Moderately Adequate**	**Adequate**
Problem Solving	Experimental- CST	0	2	8
	Control- CSUT	9	1	0
Cognitive Restructuring	Experimental- CST	0	0	10
	Control- CSUT	10	0	0
Express Emotions	Experimental- CST	0	0	10
	Control- CSUT	4	6	0
Social Support	Experimental- CST	0	0	10
	Control- CSUT	10	0	0
Problem Avoidance	Experimental- CST	0	0	10
	Control- CSUT	10	0	0
Wishful Thinking	Experimental- CST	0	0	10
	Control- CSUT	5	4	1
Self Criticism	Experimental- CST	0	0	10
	Control- CSUT	10	0	0
Social Withdrawal	Experimental- CST	0	3	7
	Control- CSUT	8	2	0

Table 1 explains the level of coping among the children in both groups, this table helps to understand the category, effectiveness and efficiency about the coping strategy training in middle school children with surgically corrected CHD. The score obtained in the questionnaire for each subtest is further converted into percentage and categorized depending on score listed below.

Score: <50%- Inadequate level of Coping

>50 %-< 75%- Moderately Adequate level of Coping

>75%-Adequate level of coping

Experimental Group 1- CST shows 100% adequate in Cognitive Restructuring, Express Emotion, Social Support, Problem Avoidance, Wishful Thinking, Self Critics type of coping,80% in problem solving and 70% in social withdrawal.

Control group 2: CSUT shows 0% adequate in Cognitive Restructuring, Express Emotion, Social Support, Problem Avoidance, Self Critism type of coping, problem solving, social withdrawal and 10% adequate in wishful thinking.

Table 2: Comparison of Subtest of Primary Subscale from Coping Strategy Inventory between Experimentalgroup1 CST And Controlgroup2: Control Group Csut. N=20

PRIMARY SUB SCALE	Experimental group**1** **CST** (Mean±SD)	Control group**2** **CSUT** (Mean±SD)	**t value**
Problem Solving	3.04±0.22	1.13±0.19	20.19*
Cognitive Restructuring	3.13±0.17	1.20±0.17	29.55*
Express Emotion	3.23±0.15	1.30±0.22	21.96*
Social Support	3.38±0.21	1.47±0.51	10.98*
Problem Avoidance	3.58±0.15	0.93±0.24	29.15*
Wishful Thinking	3.37±0.27	1.5±0.75	7.22*
Self Critism	3.31±0.15	0.75±0.21	31.10*
Social Withdrawal	3.00±0.19	1.16±0.27	17.23*

*** P<0.01 : Highly Statistically Significant**

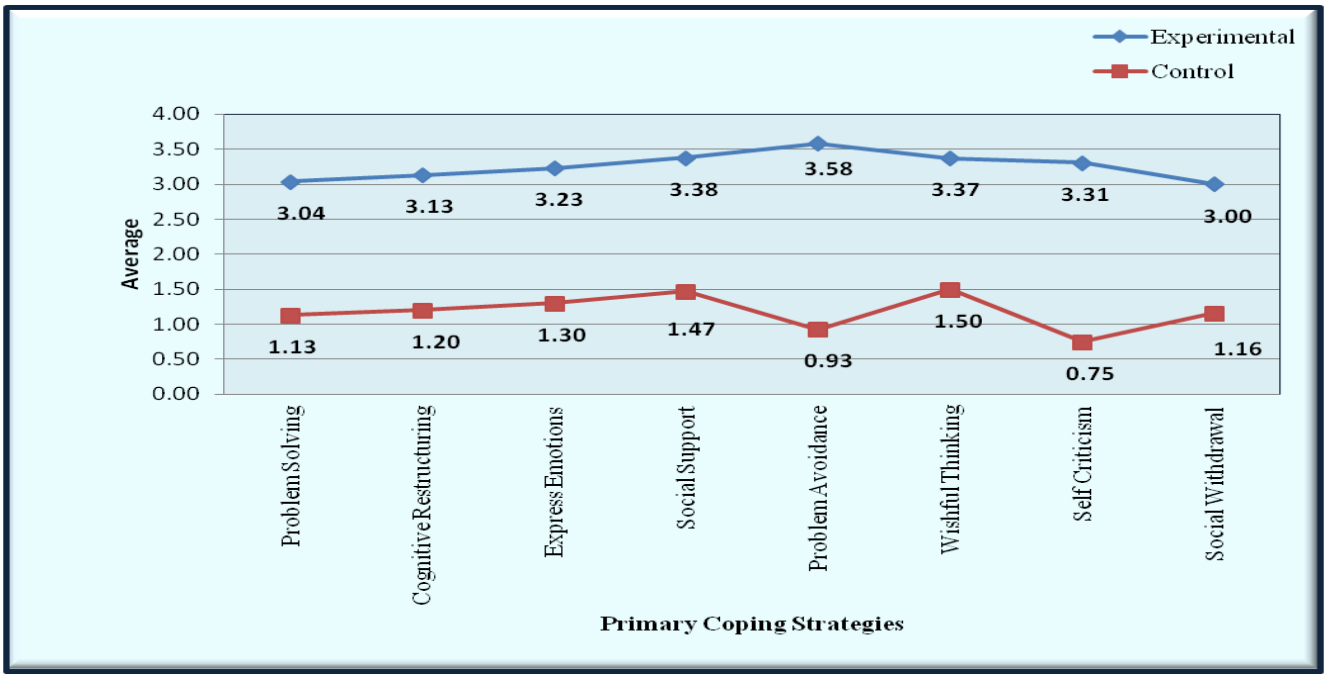

Table 2 shows the Comparative analysis of subtest of primary subscale from Coping Strategy inventory between ExperimentalGroup1 CST and ControlGroup2: CSUT .Sample size 20 subjects (Male 9 and Female 11)

It is observed that the obtained t values are highly significant for Problem Solving, Cognitive Restructuring, Express Emotion, Social Support, Problem Avoidance, Wishful Thinking, Self Critism, Social With drawal, at $P < (0.01)$.

DISCUSSION

It is interesting to mention that, this prevalence of Specific stress during rejoining the school after surgery such as cardiac surgery develops unexplainable pressure inside middle child hood who is incapable of explaining their emotions .When these children are provided with coping strategy training by health care provider there is highly significant results in the way they approach situation and person around. There is a sound of positive attitude within the individual and others. This training gives the children an insight that there are people with similar defect and the extra care provided is not sympathizing but a strong support and guidance available from the society who includes family, school and peer. The control group -coping strategy untrained group was in evident with the above mentioned emotions and emotional struggle; they developed negative attitude of seeing everything from their own knowledge which made them to suffer unbearable pressure leading to hatred of self and loved people around them. ExperimentalGroup1 CST- was in contrast to control group and performed matured in action and words. They showed positive attitude and sense of sharing and caring after training. However, the result should be interpreted cautiously since the small sample size used in this study might not reflect the actual prevalence in the population. Therefore, further study with appropriate sample size and better study design should be conducted in the future to confirm this finding.
The facts suggest that training children to have a healthy mindset with positive coping strategies will be beneficial [5-7].Coping strategies is defined as how a person react or response toward a stressor [7-11]. Effective and appropriate coping strategies may minimize the impact of encountered stressful situations on one's wellbeing [12].

CONCLUSION

Coping Strategy training can help the children to cope up their life with positive approach and live a quality life which is multidimensional fulfillment of life.

Abbreviations:

CHD- Congenital Heart Disease or Defect; CST- Coping Strategy trained; CSUT- Coping Strategy Untrained ;MSC- Middle school children.

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Conflict of Interests

The author declared no conflict of interests.

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A Study of Attitudes towards Teaching Profession of Commerce Stream Teachers of Kadi Taluka

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ABSTRACT

The best way to know the attitude of commerce teachers is to study professional attitude. According to this study professional attitude of commerce teacher towards their profession is average and it is different according to area and gender and difference found more than 60%. Teacher's attitude directly on indirectly affects on students whether it is related to gender or area so, the purpose of this study is to know teachers attitude and then minimize the effect of teachers attitude on students it is also helpful for the professional betterment to teachers.

Keywords: *Attitude, Commerce Stream Teachers, Kadi Taluka*

Human life is full of many mysteries. Among the animal living on earth human being is an animal having specific abilities. Human being has filled his life with several colours. Human being has made life more beautiful and comfortable. Then why should the education of 21st century remain aloof from such changes? Today, level of education is deteriorating day by day. Teachers do not do teaching work with interest. Corruption prevails in all fields of education. There may be many reasons behind it, and it is possible that some reasons may be with the teachers also, Therefore, a need originated to know their attitudes.

Teacher's attitudes directly or indirectly affect students. Therefore if a teacher's attitude is positive a teacher can contribute to the development of school, classroom and students.

Importance of the study

1. Present research focus on the attitude of teaching profession of commerce stream teachers.
2. Present research will be useful to know the attitude of the commerce stream teachers and its necessity.

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3. Present research will be useful to know the problem regarding the attitude of commerce teachers.
4. Present research will be helpful to make necessary changes accordance with the teacher's profession.
5. Present research will be helpful to the teaching system and grow up the teaching.

Objective

1) To study the attitudes of commerce teachers towards teaching profession in terms of their gender.
2) To study the attitudes of commerce teachers towards teaching profession in terms of their area.

Hypotheses

Ho1 There will be no significant difference between the mean scores of attitudes of male teachers and female teachers of commerce faculty in *Kadi* Taluka towards the teaching profession.

Ho2 There will be no significant difference between mean scores of attitudes of teachers of rural area and urban areas of commerce faculty in *Kadi* Taluka towards teaching profession.

Delimitation of the study

The delimitations of the present study were following.

1. The present study was delimited only to *Kadi* taluka.
2. The present study was delimited only to Gujatati Medium schools of *Kadi* taluka.
3. Only commerce stream teachers considered as the high school teachers.

Operational Definitions of key terms

Attitude

Score obtained on self-constructed attitude scale is the attitude towards teaching profession in this study.

Commerce stream

After passing the 10^{th} standards from recognized board then select commerce stream.

Kadi Taluka

Kadi is taluka of *Mehsana* district in the Indian state of Gujarat. *Kadi* is known as "Cotton City".

Research variable

Independent variable		**Dependent Variable**
1. Gender	2. Area	Score of Attitude scale
Male	Rural	
Female	Urban	

Research method

This research aims at find out attitudes towards teaching profession. Therefore, the survey method was used in the research.

Population

The researcher has included all teachers of commerce faculty of *Kadi* Taluka in this study.

Sample

The sample includes 100 teachers of commerce faculty selected by stratified random sampling technique of *Kadi* Taluka.

Tool

In this research the investigator has used an attitude scale of find out attitudes towards teaching profession. The scale consists of 34 statements among which the statements numbering 3, 7, 8, 9, 12, 13, 17, 21, 25, 26, 27, 30, 32 are negative statements. The remaining are positive statements. Reliability of the tool is 0.73 and content validity is finding out by expert suggestion.

Data collection

With prior permission of school principals the data were collected from the teachers with the help of attitude scale by giving them necessary instructions.

DATA ANALYSIS METHOD

The score on attitude scale were obtained from the teachers and a frequency distribution was prepared and mean and standard deviation were computed. Hypothesis tested by t-value. Then after levels of attitudes were determined of t-value was derived.

Table:-1

Caste-wise group	Strength	Mean	Standard deviation (S.D)	Standard Error (S.ED)	t-value
men	48	65.29	7.49	1.57	0.19
women	52	65.59	8.23		

Table-2

Area-wise group	strength	mean	Standard deviation (S.D)	SED	t-value
Rural	60	64.16	8.38	1.50	2.12
Urban	40	67.37	6.63		

INTERPRETATION

According to table -1

1) The mean score and standard deviation of attitudes towards teaching profession of male teachers are 65.29 and 7.49 respectively.

2) The mean score and standard deviation of attitudes towards teaching profession of female teachers are 65.59 and 8.23 respectively.

3) The t-value of both groups is 0.19 which is lower than the tabulated value 1.96 at df 98. Therefore it is hot found significant at 0.05 levels. Therefore this null-hypothesis is not rejected.

It means that there is no significant difference in attitudes towards teaching profession of female teachers and male teachers of commerce faculty in *Kadi* taluka. According to mean score attitude of female teachers towards their profession is found greater than male teachers.

According to table – 2

1) The mean scores and standard deviation of attitudes towards teaching profession of teachers of rural area 64.16 are and 8.38 respectively.

2) The mean scores and standard deviation of attitudes forwards teaching profession of teachers of urban area are 67.37 and 6.63 respectively.

3) The t-value of both groups is 2.12 which is greater than the tabulated value 1.96 at df 98. Therefore the difference is not signification at 0.05 levels. Therefore the null hypothesis is rejected.

It means that there is significant difference in the attitudes towards teaching profession of teachers of rural area and urban area of commerce faculty in *Kadi* taluka. According to mean score attitude of urban teachers towards their profession is found greater than rural teachers.

EDUCATIONAL IMPLICATIONS

After a comprehensive study the above mentioned conclusion has been drawn out. On the basis of the conclusion emerged the following mentioned suggestions are to be made to the teaching professionals and society.

1) Positive attitude can be increase by organizing seminar, workshop, teachers training in rural area.

2) Attitude of teachers can be improved by institution for teachers' job satisfaction.

3) Opportunities should be provide to the teachers from institution for professional growth**.**

CONCLUSION

Hence as per data analysis and testing of hypothesis the significant difference between male and female cannot found but area wise difference was found so it can be said that the attitude of different areas commerce teachers were differ rather than gender. As per present study researcher found that the attitude of commerce teacher towards their profession has been seen average more than 60%. So, for the future study and reference we can use the data of area for future study as a research gape which can be study.

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Conflict of Interests
The author declared no conflict of interests.

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Impact of Parental Personality on Crying Child Behavior and Their Future Mental Health

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ABSTRACT

Background: Crying is an important means of communication for babies. It plays a crucial role in ensuring the survival, health and development of the child. Whether infants cry intensely for a few months or fuss frequently for the first year of life, a systems approach to development would suggest that the impact of extremes in crying on the infant's immediate environment may have negative consequences for the dynamics of the parent-child relationship, which in turn would have implications for the child's psychosocial development. Parents have important roles in child rearing, but the influence of their personality on rearing practices and their impact on the behavior of children has received surprisingly little attention. The aim of the current study was to investigate the relationship between parent's personality and child crying behavior and future mental health. ***Methods*:** Study examined personality dimension of 300 parents of normal and psychiatrically ill male and female subjects selected purposively between 20-25 years age group. A question was asked to all the parents of the subjects, "What was the behavior of the subject during two years from the birth? Was he or she used to 'cry' often or not? The study was conducted on the parents of diagnosed 75 indoor and outdoor psychiatric patients and 75 normal controls. GHQ-12 negative subjects from the community formed the normal group. Dimension Personality Inventory (DPI) was administered on all parents of included subjects. ***Result***: Significant difference was found in all the dimensions of DPI between 'crying' and 'non crying' child's parents. ***Conclusion:*** The maturity of parent's character appears to have a key role in reducing the risk of behavior problems in their children. Suggestions are made for parental education and future research.

Keywords: *Crying behavior, Personality, psychiatric disorder, parents-child relationship, DPI*

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It has been mentioned by several researchers (Wolff PH, 1987; Brazelton TB, 1962: Barr RG.1990; Barr RG, et.al.2000) that the development of an offspring's personality is considerably influenced by the parents, through there facial relationship. The personality of the parents determine their influence on the child to a great extent (Lester BM, et.al.1990;Wessel MA et.al.1954;Gormally,S.et.al.1997).There are various factors influencing later behavioral problems, ranging from a genetic predisposition to parenting style to stress experienced while still in the womb, parents personality. Exactly how these factors interact and play out during a child's development is not well understood, but researchers have noted that childhood environment, including parenting style, in combination with infant fussiness are powerful predictors of future problems. Each stage of human development is characterized by a unique set of behaviors and emotional challenges: the terrible twos and temper tantrums, adolescence and rebellion, middle age and discontentment, the later years and loneliness. When these "normal" stages of development are coupled with individual temperamental differences and the occasional but inevitable environmental stressors, a range of dysfunctional responses – transient or chronic, inconsequential or debilitating – may result. This is baseline for everyone.

There has been extensive research examining the relationship of family environment and parenting on the adjustment of children (Baumrind, 1967; Bowlby, 1969). In particular, it has been well documented that parental abuse and neglect have a negative impact on the adaptation of children (Patterson, DeBaryshe & Ramsey, 1989). In addition, psychopathology in parents, such as depression in mothers (Downey & Coyne, 1990; Goodman & Gotlib, 1999) or emotional distress of parents (Anthony et al., 2005; Õstberg, 1998) are predictive of their children's problem behaviors. The relations between the temperaments of parents and their children have also been shown to influence the risk of children's problem behaviors (Lee, 2012; Rettew et al., 2006).

However, few studies have directly studied the role of the maturity and integration of parents' personality on the risk of their children's behavior problems: the studies provided above have not included the parent's character dimensions with temperament dimensions (Josefsson et al., 2013a). An individual's personality involves more than their temperament; it includes the way a person regulates his or her goals and values to achieve a long-term purpose, such as rearing healthy children. Some studies have described the relationship between parents' personality and specific child problem behaviors, such as antisocial behaviors and depression (Bates et al., 1991; Brenning et al., 2011; Davies et al., 2012; Nigg & Hinshaw,1998). That is, most of the past studies have measured abnormal traits in parents, and have not distinguished temperament and character of parents. Therefore, more research is needed about the role of healthy character traits in parents and its impact on children's behavior problems.

The aim of the current study was to investigate the impact of parental personality on child crying behavior and their future mental health. Furthermore, we sought to distinguish the roles of

temperament and character in parents on the risk of behavior problems in their children in order to identify those aspects of personality that have the greatest impact on effective child rearing.

METHODS

Participants:

Study examined personality dimension of 300 parents of normal (150) and diagnosed psychiatrically ill male and female subjects (150) selected purposively between 20-25 years age group from Pt. Deendayal upadhyay joint hospital, district Moradabad, U.P, India. & Noormanzil Psychiatric Clinic & Hospital, Lucknow, U.P. India. GHQ-12 negative subjects (score<3) from the community formed the normal group. Mean age of the parents of normal group was found to be 48.24 year with standard deviation of 4.10 years and in the other group mean age was found to be 50.76 years with standard deviation of 4.79 years.

Tools:

General Health Questionnaire-12 (GHQ-12): The 12-Item General Health Questionnaire (Jacob et al. 1997) is the most extensively used screening instrument for common mental disorders, in addition to being a more general measure of psychiatric well-being.

Dimension personality inventory (DPI): It is constructed by Bhargava (2012**)** and deals with six dimensions by which ones personality can be evaluated. They are: 'Activity- passivity', 'enthusiastic-non enthusiastic', 'assertive-submissive', 'suspicious-trusting', 'depressive-non depressive' and 'emotional instability-emotional stability'. It is similarly applicable for normal as well as psychotic patients. Score 10 or more indicative of left sided dominated personality on that dimension and score less than 10 indicative of the other side of that dimension. For example if person scored 15 on the dimension 'activity-passivity', he/she is active.

Procedure:

Parents of diagnosed cases of schizophrenia, bipolar and conversion disorder selected purposively from the indoor and outdoor ward of Pt. Deendayal upadhyay joint hospital, district Moradabad, U.P, India & Noormanzil Psychiatric Clinic & Hospital, Lucknow, U.P. India. and GHQ12 negative subject's parents were included in the study. A question was specifically asked to all the parents of the subjects, "What was the behavior of the subject during two years from the birth? Was he or she used to 'cry' often (irritating and excessive crying) or not? Dimension Personality Inventory (DPI) was administered on all parents of included subjects.

Keeping view the main objectives of the present study chi-square with Yates's correction wherever applicable was employed to see the difference between crying and none crying behavior child and future mental health.

RESULTS

The result of the present study has been given below and consecutively discussed.

Table-1 Personality of parents of crying and non crying behaviour children

	DPI –B Dimensions	Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Crying child's parents	150	9.53	3.93	13.28*df=298
		Non crying child's parents	150	14.95	3.10	P<0.01
2	Enthusiastic-Non enthusiastic	Crying child's parents	150	9.37	3.84	14.51*df=298
		Non crying child's parents	150	15.28	3.18	P<0.01
3	Assertive- Submissive	Crying child's parents	150	10.9	3.79	10.70*df=298
		Non crying child's parents	150	15.12	2.99	P<0.01
4	Suspicious- Trusting	Crying child's parents	150	16	3.02	17.61*df=298
		Non crying child's parents	150	9.02	3.80	P<0.01
5	Depressive-Non depressive	Crying child's parents	150	15.22	3.32	11.58*df=298
		Non crying child's parents	150	9.93	4.51	P<0.01
6	Emotional-instability-Emotional stability	Crying child's parents	150	15.34	3.10	5.65*df=298
		Non crying child's parents	150	10.39	10.27	P<0.01

*Significant at p<0.01 level

Table 1 shows that there was significant difference in the mean scores (p<0.01) on all the dimensions of DPI between crying and non crying child's parents. In the dimension of 'Activity-Passivity', 'Enthusiastic- Non enthusiastic' the mean score of crying child's parents was found to be less than 10. It indicates that crying child's parents were more passive and non- enthusiastic in comparison to other group. But in the dimension 'Suspicious- Trusting' and 'Depressive-non depressive' the mean score of non crying child's parents was found to be less than 10. It indicates that non crying child's parents were more trusting and non depressive in comparison to crying child's parents.

Table-2 Personality of crying child and non crying behaviour child father

	DPI –B Dimensions	Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Crying child's father	75	8.61	3.85	11.48*df=148
		Non crying child's father	75	15.10	3.02	p<0.01
2	Enthusiastic-Non-enthusiastic	Crying child's father	75	9.10	3.40	12.39*df=148
		Non crying child's father	75	15.61	3.02	p<0.01
3	Assertive- Submissive	Crying child's father	75	11.44	3.36	7.26*df=148
		Non crying child's father	75	15.24	3.04	p<0.01
4	Suspicious- Trusting	Crying child's father	75	15.29	3.07	10.55*df=148
		Non crying child's father	75	8.85	4.30	p<0.01
5	Depressive-Non depressive	Crying child's father	75	14.56	3.29	10.49*df=148
		Non crying child's father	75	7.94	4.36	p<0.01
6	Emotional-instability-Emotional stability	Crying child's father	75	15.04	2.92	8.93*df=148
		Non crying child's father	75	9.52	4.48	p<0.01

*Significant at p<0.01 level

Table 2 shows that there was significant difference in the mean scores (p<0.01) on all the dimensions of DPI between crying and non crying child's father. In the dimension of 'Activity-

Passivity', 'Enthusiastic- Non enthusiastic' the mean score of crying child father was found to be less than 10. It indicates that crying child's father were more passive and non- enthusiastic in comparison to other group. But in the dimension 'Suspicious- Trusting' and 'Depressive-non depressive' and 'Emotional instability- Emotional stability' the mean score of non crying child's father was found to be less than 10. It indicates that non crying child's father were more trusting and non depressive and emotionally stable in comparison to crying child's father.

Table-3Personality of crying child and non crying behaviour child mother

	DPI –B Dimensions	Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Crying child's mother	75	10.38	3.71	7.82*df=148
		Non crying child's mother	75	14.82	3.22	p<0.01
2	Enthusiastic-Non enthusiastic	Crying child's mother	75	9.73	4.09	8.89*df=148
		Non crying child's mother	75	15.18	3.38	p<0.01
3	Assertive- Submissive	Crying child's mother	75	10.52	4.34	7.38*df=148
		Non crying child's mother	75	15	2.96	p<0.01
4	Suspicious- Trusting	Crying child's mother	75	17.13	2.70	16.44*df=148
		Non crying child's mother	75	9.21	3.18	p<0.01
5	Depressive-Non depressive	Crying child's mother	75	15.84	3.28	8.83*df=148
		Non crying child's mother	75	10.33	4.29	p<0.01
6	Emotional instability- Emotional stability	Crying child's mother	75	15.61	3.24	10.18*df=148
		Non crying child's mother	75	9.54	4.02	p<0.01

*Significant at p<0.01 level

Table 3 shows that there was significant difference in the mean scores (p<0.01) on all the dimensions of DPI between crying and non crying child's mother. In the dimension of 'Enthusiastic- Non enthusiastic' the mean score of crying child mother was found to be less than 10. It indicates that crying child's mother were more non- enthusiastic in comparison to other group. But in the dimension 'Suspicious- Trusting' and 'Emotional instability- Emotional stability' the mean score of non crying child's mother was found to be less than 10. It indicates that non crying child's mother were more trusting and emotionally stable in comparison to crying child's mother.

Table 4: Comparison of Health Status of Crying and non crying behavior child at adulthood:

Characteristic of child	Normal	Psychiatrically Ill	X^2
Crying Behaviour	26 (17.3%)	60 (40.0%)	31.46*
Non crying Behaviour	49 (32.6%)	15 (10.0%)	p< 0.001
Total	75	75	

*Significant at p<0.01 level

Table 4 shows that significantly more crying behaviour child suffering from psychiatric illness (40.0%) at their adult hood compared to non crying behaviour child (10.0%).

Table-5 age wise distribution of crying behavior and its effect on future mental health

Category	Sex	Duration of crying in month	Normal N=75	Psychiatric morbidity= 75				X2
				Bipolar mood dis.	Schizophrenia	Conversion dis.	Total	
Crying behavior N=75	Male N=44	0-12	3(6.81%)	6(13.63%)	5(11.36%)	3(6.81%)	14(18.66%)	0.005
		12-24	5(11.36%)	7(15%)	12(27.27%)	2(4.54%)	22(29.33%)	N.S
	Female N=42	0-12	12(28.57%)	4(9.52%)	1(2.38%)	3(7.14%)	8(10.66%)	4.58*
		12-24	6 (14.28%)	3(7.14%)	5(11.90%)	8(19.04%)	16(21.33%)	P<.05
Non crying Behavior N=75	Male N=36	0-12	16(44.44%)	2(5.55%)	0(0%)	1(2.77%)	3(4%)	0.25
		12-24	11(30.55%)	1(2.77%)	3(8.33%)	2(5.55%)	6(8%)	N.S
	Female N=28	0-12	8(28.57%)	1(3.57%)	1(3.57%)	2(7.14%)	4(5.33%)	4.18*
		12-24	14(50%)	0(0%)	2(7.14%)	0(0%)	2(2.66%)	P<.05

*Significant at p<0.05 level

Table 5 shows gender, year of crying 0-12 month and 12- 24 month wise distribution of crying and non crying behavior with their mental health status. Statistically significant difference (p<0.05) was found in mental health status between 0-12 month and 12-24 month of age amongst female whose excessive crying during their childhood period. It was significantly high (21.33%) and the other hand (28.57%) belonging from non crying behavior activity in excessive range in their 0-12 month of age were found mentally fit or normal in future mental condition only (2.66%) female found to be psychiatrically ill. This difference is also significant at (p<0.05)

DISCUSSION

The current study investigated the association between parental personality and children's crying and non-crying behaviour up to 2 years of age. We found that participants belonging from excessive crying behavior during childhood having highly psychiatric morbidity (40%) at their adult hood compared to non crying behaviour child (10.0%). Significant difference (p<0.05) was found in mental health status between 0-12 month and 12-24 month of age amongst female whose excessive crying during their childhood period. Crying child's parents were more passive, dull, inactive, slow, irregular in working etc. and non- enthusiastic, reserved, shy, inhibited, difficult feeling to contact other people, slow spoken, none participating of various functions etc. in comparison to other group. Non crying child's father were more trusting and non depressive and emotionally stable in comparison to crying child's father. Non crying child's mothers were more trusting and emotionally stable in comparison to crying child's mother. Results also show that crying behavior children are more prone to develop psychiatric illness at their adulthood. Our study findings reveal that we try to improve or modify our personality in such a positive manner which impact positive mental health of our child. These positive personality characteristics are 'enthusiasm', 'assertiveness', 'trusting' and 'emotionally stable'.

Limitation:

Recall bias may be present as parents were asked to their child's crying and non-crying behaviour. Detailed mental health of the parents was not assessed.

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Personality Profile of Trait Consciousness of Male and Female Sports Persons

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ABSTRACT

The personality of an individual has important implications for the performance of all sorts of activities including sports and games. The Five Factor Model of personality traits have been reported to be reliable predictors of performance in many studies across the globe. The present study aimed to understand the distribution of consciousness personality profile in terms of gender and domicile of the participants in individual and team games. Four hundred male and female sports persons with different scores of trait of consciousness served as the participants in the present study. Their sports achievements in individual and team games were observed. The results of the present study evinced that sportspersons of team games scored higher on consciousness than did the sportspersons playing in individual games. The female participants showed relatively higher mean consciousness score in comparison to their male counterparts. Furthermore, the players having rural affiliations demonstrated higher mean consciousness score as compared to those who belonged to urban background. The main effect of gender on consciousness was also exhibited to have statistical significance along with statistically significant interactions between gender and background, game type and background as well as game type, gender and background. The results have been explained in the light of current theories of personality and sports achievements. The results evinced the role of gender, game types and domicile in shaping the personality trait of consciousness in sports activities the participants. The results of the study have important implications for researchers, academicians, sportspersons, policy makers and administrators. Future directions of research have also been discussed.

Keywords: *Consciousness, Personality, Individual Game, Team Game, Domicile.*

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The abiding role of personality in enhancing and maintaining the sports performance has been acknowledged and well documented in psychological literature. Sportspersons with the requisite "mental toughness" and certain personality attributes have reported to be more successful in all walks of life. Certain type of personality traits have been reported to be associated with success and better performance on various indicators and are capable of learning a broad range of psychological skills that can play a critical role in learning and performance of expected sports skills. Due to this fact, a host of researches have been conducted and being conducted to understand the role of personality in human performance of various sorts (Tiwari, 2011a). These personality traits are not associated only with performance on tasks of psychomotor and athletic nature but also with various kinds of cognitive indices. In many studies, it has been reported that introverts and extraverts differ in their ability on eyewitness performance (Tiwari, 2010a; Tiwari, 2012), source-monitoring (Tiwari, 2010b; Tiwari, 2010c; Tiwari, 2011b; Tiwari, 2011d), judgement of learning (Tiwari, 2011c; Tiwari, 2015).

In recent years, the Five Factor Model (FFM) of personality namely Neuroticism, Extraversion, Agreeableness, Openness to experience, and Conscientiousness, has emerged as the most influential model of personality to explain the human performance on various indices and variety of behaviours (McAdams, 1997). Costa and McCrae (1992) believed that there are four reasons behind this. First, these constructs are enduring traits as they are based on longitudinal research and spouse rating studies. Second, these ratings were found within other personality systems and within natural language spoken by individuals. Third, these dimensions were found across age, sex, race and language groups. And lastly, based on evidence of hereditability studies, these factors appeared to have some biological basis.

The Big five personality factors have been reported to be able to measure different traits in personality without overlapping. In addition, the Big Five personality traits have shown consistency in interviews, self-descriptions, and observations. Each factor of the model comprised of a cluster of correlated specific traits. The extraversion consists of gregariousness, assertiveness, excitement seeking, warmth, activity, and positive emotions whereas **openness to experience entails** appreciation for art, emotion, adventure, unusual ideas, curiosity, and variety of experience. A person with **Conscientiousness** tendency exhibits self-discipline, act dutifully, and aim for achievement; planned rather than spontaneous behaviour; organized, and dependable. The **agreeableness** contains tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others. It is also a measure of one's' trusting and helpful nature, and whether a person is generally well tempered or not. Lastly, an individual with **neuroticism** tendency is inclined to experience unpleasant emotions easily, such as anger, anxiety, depression, or vulnerability (Toegel & Barsoux, 2012).

With broad and comprehensive attributes, the Big Five traits are powerful in predicting and explaining actual behaviour in many situations and prediction of actual behaviour and

performance with primary level traits are more effective (Paunonon & Ashton, 2001). Industriousness and orderliness are two major attributes of conscientiousness which are very reliable in predicting human behaviour and performance. **It comprised of the** tendency to show self-discipline, act dutifully, and aim for achievement against measures or outside expectations. The trait shows a preference for planned rather than spontaneous behaviour. It influences the way in which we control, regulate, and direct our impulses. The average level of conscientiousness rises among young adults and then declines among older adults.

The predictability of these five factors has been verified by researchers in occupational and health psychology (Hogan, Hogan, & Roberts, 1996), psychopathology (Costa & McCrae, 1990), depression, bipolar disorder, and borderline personality disorders (Costa & McCrae, 1990; Wiggins & Pincus, 1989), obsessive compulsive disorders (Wiggins & Pincus, 1989). Further, these factors have been found to be associated with HIV risk behaviour, and risky sexual behaviours (Miller, Lynam, Zimmerman, Logan, Leukefeld, & Clayton, 2004). The conscientiousness and agreeableness have reported to related with job performance (Barrick, Stewart & Piotrowski, 2002). Thus, McCrae and John (1992) argued that the FFM was applicable across most applied settings and can be used in multiple disciplines. Conscientiousness and Openness have been linked to learning styles that often lead to academic success and higher grades like synthesis analysis and methodical study. As the conscientiousness and openness have been shown to predict various learning styles, it is suggested that the individuals who possess characteristics like discipline, determination, and curiosity are more likely to engage in all types of learning styles. According to Komarraju, Karau, Schmeck & Avdic (2011), conscientiousness and agreeableness are positively related with the learning styles, whereas neuroticism was negatively related with those four. Furthermore, extraversion and openness were only positively related to elaborative processing, and openness itself correlated with higher academic achievement.

The above review of earlier scientific work evinced that the personality attributes of the individual has important implications in a various areas of human functioning and performance. Most of the earlier work has been associated with extraversion and neuroticism with very limited studies on consciousness comprising various areas of human activities. The attributes comprising **conscientiousness trait** such as self-discipline, act dutifully, and achievement-orientation; planned behaviour; organized and dependable character might have important role in shaping the sports performance and other kinds of performance. In this background, the present research attempted to unveil the consciousness personality profile of male and female sports sportspersons belonging to individual and team games with rural and urban affiliations.

Objectives:

The major objectives of the present study were as follows:

1. To study the consciousness personality profile of the sportspersons of individual and team games.
2. To compare the differences in consciousness personality profile of males and female sportspersons.

METHODS

Sample:

400 volunteer sportspersons (200 males and 200 female sportspersons) of different Colleges affiliated to Dr. Ram Manohar Lohia Avadh University, Faizabad, Uttar Pradesh, India, playing at intercollegiate levels in 3 individual and 3 team games, age ranging from 18 to 25, served as participants for the present study. Team games included in the study were football, hockey, basketball, volleyball and cricket, while the individual games were badminton, athletics, table tennis, wrestling and chess.

Tool:

The Big Five Inventory (McCrae & Costa, 1989) was used to measures the extraversion as identified in The Five Factor Model of personality. This is a forty four item scale with acceptable psychometric properties (John, Donahue, and Kentle, 1991). This is a brief inventory allowing efficient and flexible assessment of the five dimensions. The alpha reliabilities of the BFI scales typically range from .75 to .90 and average above .80; three-month test-retest reliabilities range from .80 to .90, with a mean of .85 (John & Srivastava, 1999). Across all five factors, the mean of the convergent validity correlations across instruments was .75. The BFI and TDA showed the strongest convergence (mean r = .81), followed by the BFI and NEO-FFI (mean r = .73), and finally the TDA and NEO-FFI (mean r = .68). Overall, discriminant correlations were low; absolute values averaged .21 for the TDA, .17 for the NEO-FFI, and .20 for the BFI. Only scores on the consciousness factor of personality of the participants have been used in this article.

Procedure:

With collection of biographic details, The Big Five Inventory was administered on the participants. The face sheet of the booklet contained general instructions. In order to facilitate reporting of authentic experiences, information that could unveil the identity the respondents were not sought. There were separate specific instructions for each of the measures included in the booklet. Each and every participant was dealt with individually and in case of any ambiguity, the statement/statements were made clear to the participants. Respondents completed the all measures between 30 to 40 minutes. The mean, Standard Deviation (SD) and Analysis of Variance (ANOVA) have been applied to analyze the obtained data.

RESULTS

The details presented in Table 1 demonstrates that sportspersons of team games scored greater on conscientiousness (M = 33.43, SD = 6.15) than did the sportspersons of individual games (M = 28.35, SD = 5.41).

Table 1: Pattern of conscientiousness across game type, gender and societal background

Game Type	Gender	Background	Mean	SD
Individual	**Males**	Rural	24.90	3.48
		Urban	25.90	4.15
		Total	25.40	3.85
	Females	Rural	31.00	4.87
		Urban	31.60	5.44
		Total	31.30	5.15
	Total	Rural	27.95	5.21
		Urban	28.75	5.60
		Total	28.35	5.41
Team	**Males**	Rural	28.90	4.79
		Urban	29.90	4.53
		Total	29.40	4.66
	Females	Rural	39.60	1.70
		Urban	35.30	5.57
		Total	37.45	4.63
	Total	Rural	34.25	6.46
		Urban	32.60	5.73
		Total	33.43	6.15
Total	**Males**	Rural	26.90	4.63
		Urban	27.90	4.77
		Total	27.40	4.71
	Females	Rural	35.30	5.64
		Urban	33.45	5.79
		Total	34.38	5.78
	Total	Rural	31.10	6.65
		Urban	30.68	5.97
		Total	30.89	6.32

In addition, the Table 2 of *F*-ratios indicate that, the main effect of game type on conscientiousness was also found to be statistically significant, F (1, 392) = 128.737, p = .000. Females showed relatively higher conscientiousness (M = 34.38, SD = 5.78) in comparison to males (M = 27.40, SD = 4.71).

Table 2: Analyses of variances of conscientiousness as functions of game type, gender and societal background

Source of variance	df	Mean Square	*F*	*p*
Game Type	1	2575.563	128.737	.000
Gender	1	4865.063	243.176	.000
Background	1	18.063	.903	.343
Game Type X Gender	1	115.563	5.776	.017
Game Type X Background	1	150.063	7.501	.006
Gender X Background	1	203.063	10.150	.002
Game Type X Gender X Background	1	150.063	7.501	.006

Interactions between game type and gender, F (1, 392) = 5.776, p = .017, game type X background, F (1, 392) = 7.501, p = .006, and gender X background, F (1,392) = 10.150, p = .002, as well as, game type X gender X background, F (1, 392) = 7.501, p = .006, were found to be statistically significant (Figures 1, 2, 3 and 4).

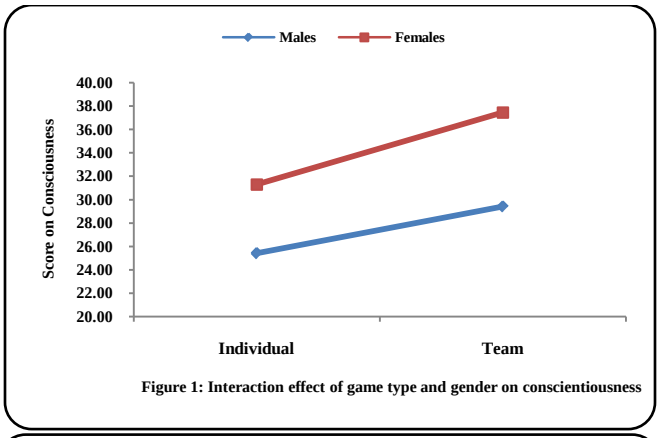

Figure 1: Interaction effect of game type and gender on conscientiousness

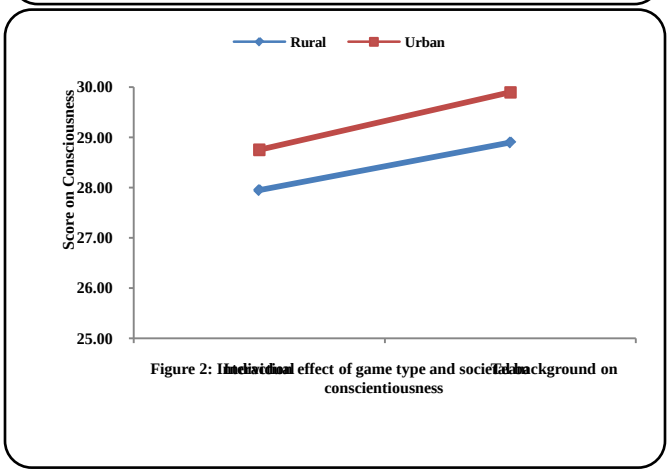

Figure 2: Interaction effect of game type and societal background on conscientiousness

The main effect of gender on conscientiousness, F (1, 392) = 243.176, p = .000, was found to be statistically significant. However, There was very negligible difference between rural (M = 31.10, SD = 6.65) and urban (M = 30.68, SD = 5.97) sportspersons and the main effect of societal background on conscientiousness was also not found to be statistically significant, F (1, 392) = .903.

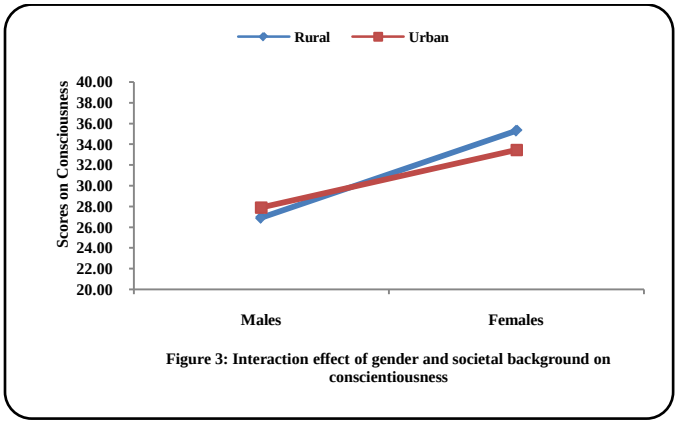

Figure 3: Interaction effect of gender and societal background on conscientiousness

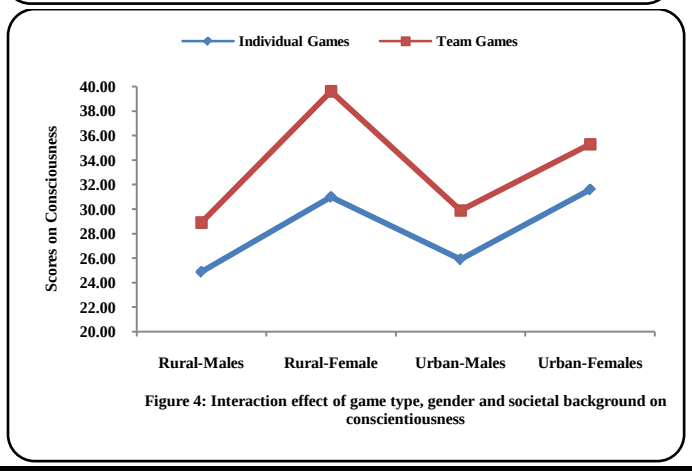

Figure 4: Interaction effect of game type, gender and societal background on conscientiousness

DISCUSSION

The results of the present study unequivocally indicate that there is a significant difference in consciousness personality trait among the sportspersons in terms of gender, game type and their domicile. The sportspersons of team games scored greater on conscientiousness as compared to the sportspersons of individual games which was proved by the fact that the F-ratios indicated the main effect of game type on conscientiousness. Females showed relatively higher conscientiousness scores in comparison to males. Interactions between game type and gender, game type and background and gender and background and game type, gender and background were reported to be statistically significant with no main effect of gender on conscientiousness. The rural and urban affiliation of the players did not resulted in their differences in personality attributes as shown by the main effect of societal background on conscientiousness.

The results of the study have shown that biological, biographical and socio-cultural factors shape and regulate functioning of certain personality attributes and, in turn, they impact the

performance of the individual (Tiwari, 2010a; Tiwari, 2013). As has been claimed by earlier researches that the Big Five traits are powerful in predicting and explaining actual behaviour in many situations and prediction of actual behaviourand performance (Paunonon & Ashton, 2001) was proved. Conscientiousness consists of industriousness and orderliness which predict human behaviour and performance. **It also includes attributes of** self-discipline, act dutifully, and aim for achievement against measures or outside expectations having relevance in performance. The reason behind this may be that it influences the way the impulses are controlled, regulated, and directed.

Various researches have proved that the study of consciousness and other traits of The Big Five Factors have implications in occupational and health psychology (Hogan, Hogan, & Roberts, 1996), psychopathology (Costa & McCrae, 1990), depression, bipolar disorder, and borderline personality disorders (Costa & McCrae, 1990; Wiggins & Pincus, 1989), obsessive compulsive disorders (Wiggins & Pincus, 1989). McCrae and John (1992) have rightly argued that the FFM including consciousness are applicable across most applied settings and can be used in multiple disciplines as they are associated with learning styles affecting the performance.

The present study has significant implications in the field of sports and games along with all areas of human performance and functioning. Further research may be carried out to evaluate the efficacy of consciousness on various areas of performance. The gender differences in consciousness can be applied to allocate the roles in various setting. The small size of the sample, limited geographical area, and small number of variables are some of the limitations of the present which improved by the studies of future. The results can be applied for planning, designing of training programmes and framing educational and development plans.

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Conflict of Interests

The author declared no conflict of interests.

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Role of Stress on Women's Health: Causes and Prevention

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ABSTRACT

In recent years, stress has been the focus of intense research attention. Stress is a misfit between the demands of the environment and the individual's abilities; the imbalance may be corrected, according to the situation, either by adjusting external demands to fit the individual or by strengthening the individual's ability to cope or both. Everyone is exposed to stress, and a great number of people have experienced the traces of stress. Women are socialized to be the caretakers of others. More women than men have both a career outside the home and continue to try to juggle traditional responsibilities after hours. It has often been shown that women are the worriers and often do not make time to manage their health and take care of themselves. Stress is on the rise for women as they struggle to find a balance between their homes and careers. The recession has caused a greater need for women to work outside of the home to support their families. Health is a general condition of the body or mind with reference to soundness and vigor; it will be reflected by good or poor health. A poor health affects our mind, as a stressed life affects our health. The struggle that women confront each days trying to achieve the standards of being a daughter, women, wife, mother, house, and/ or career keeper puts us in a vulnerable position of presenting stress effects that may affect our health. And there are some preventive measures to cope with stress such as meditation, yoga, quality time etc.

Keywords: *Stress, Women's health, Causes and prevention, Meditation and yoga.*

Life is full of stressors that produce threats to our well –being. Psychologist believe that daily life involves a series of repeated sequences of perceiving a threat, considering ways of coping with it, and ultimately adapting to the threat, with greater or lesser success (Gatchel & Baun,1983). Stress is a process by which events threaten or challenges individual's ability to deal adequately to the situation. Both the present and unpleasant events can produce stress. The pleasant events- such as marriage, planning a party, joining the school or job; and the unpleasant events- family problems, examination, experiencing circumstances at the work place – produces threat to our well-being. Although negative events result in greater detrimental effects than

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positive ones, (Sarason et.al 1978). There are certain kinds of events such as the death of a loved ones, participation in combat during a war or natural disasters are almost universally stressful, other situation may or may not be stressful to a particular person (Fleming, Baum & Singer; 1984; Lazarus& Cohen, 1977). Stress is a misfit between the demands of the environment and the individual's abilities, the Imbalance may be corrected Stress is a necessary and unavoidable of daily living--necessary because without some stress we would be listless and apathetic creatures, and unavoidable because it relates to any external event, be it pleasurable or anxiety producing. A person's response towards according to the situation, either by adjusting external demands to fit the individual or by strengthening the individual's ability to cope, or both. At this point, it should be borne in mind that since stress is multifaceted phenomenon, no simple solution is available.

Furthermore, differences in the particular circumstances of each case make it impossible to provide a unique solution for the management of stress. In general, and regardless of their differences, publications conclude that the ideal solution to combat stress is to prevent its occurrence. This may be achieved by tackling the core of the problem - the cause. However, there is no single cause of stress and the Elimination of all stressors is a utopian task. Therefore, action should be aimed at eliminating as many causes as Possible, so that the action taken reduces stress and prevents future stress. As this cannot always be achieved in the Short term, it is generally agreed that improving the ability to cope with stress is a valuable strategy in the process of Combating stress. The manual can then go on to identify a series of essential steps for the prevention of stress. These include: stress recognition, stress assessment, anti-stress intervention, monitoring and evaluation. Stress is everywhere, but as a relatively new phenomenon. How can we define it and how can we explain its extraordinary cost to both business and government? The suffering induced by stress is No figment of the imagination but can we accurately examine the relationship between stress and ill-health.

Most women do not have responsibility only in one domain anymore; they have to balance the competing demands of both work and family domains (Biçaksiz, 2009). Work and family are the two most important aspects in women's lives. Balancing work and family roles has become a key personal and family issue for many societies. There are many facets in working mother's lives that subject to stresses. They deal with home and family issues as well as job stress on a daily basis. Imbalance between work and family life arises due to a number of factors. Various factors appear to strengthen the brunt of pressure on women. The question was raised whether there is a relationship between occupational stress and family difficulties of working women.

Stress depends on whether an event is appraised as a challenge or a threat (Lazarus & Folkman, 1984). Balancing work and family roles has become a key personal and family issue for many societies. Work and family are the two most important aspects in people's lives and, contrary to

the initial belief that they are distinct parts of life; these domains are closely related (Ford *et al*., 2007).

An Although much has been made of the different ways that men and women respond to stress ("fight or flight" vs. "tend and befriend"), there are also substantial discrepancies in how stress impacts women's health as compared to men's. Studies have found that women differ from men not only in their emotional responses to stress, but also that acute and chronic stress may take a greater toll on women's' physical and mental health's. When reacting to stressors, the body releases hormones such as cortisol, which is known to impact the immune system, digestive system, skin and more -- and cortisol responses to psychological stress have also been shown to differ between men and women. Stress can affect nearly every system in the body, and it may be undermining your health in more ways than you realize. Scroll through the list below for 10 physiological and cognitive effects of stress on women's health.

There are so Women are socialized to be the caretakers of others. More women than men have both a career outside the home and continue to try to juggle traditional responsibilities after hours. Over 70% of married women with children under the age of 18 are employed outside the home. Sociologists describe women as struggling to achieve the "male standard" at work, while trying to maintain the perfect wife and mother standards at home.

Women are also less likely to be in as powerful positions as men to change their environment. Women find it harder to say no to others' requests and often feel guilty if they can't please everyone. They often spend less time nurturing their own emotional and physical needs, as that might be perceived as selfish. In me preventive measures to cope with stress such as meditation, yoga, quality time etc.

Hochschild (1997) estimates, based on major time-use studies, that woman in dual career families work an extra month of 24 hour days each year compared to men. This extra time is spent on what she terms "second shift" work, work outside paid employment such as housework, home management, and childcare. Together, these studies suggest that managerial women may experience more stress than men and that the sources of stress are gender-related; that is, related to the expected and actual roles of women in society, and to the fact that, despite progress, executive women still occupy minority status in organizations. There are some stressors, however, that may be particularly important for working women.

Stress is a normal part of life. Many events that happen to you and around you -- and many things that you do yourself put stress on your body. You can experience stress from your environment, your body, and your thoughts. Women are feeling it more acutely than ever. After decades of making progress in the work force, many women are feeling less valued than men, according to a recent APA survey on Stress in the Workplace. They're feeling they don't receive

adequate monetary compensation for their work and feel that employers offer them fewer opportunities for internal career advancement than men.

Women's exacerbating the realities of the stressors in the job market, women may be more likely to internalize stress, according to a recent article in the *Wall Street Journal*. They may hesitate to speak up for themselves or to challenge behavior that they see as unfair. And, according to the APA survey, men are more likely than women to use flexible work arrangements, although both men and women report that job demands interfere with their ability to fulfill family or home responsibilities.

In the short term, stress isn't always a bad thing. It can motivate us to deal with a situation that poses some level of threat. And the burst of adrenaline and other hormonal changes that occur during a stress response can heighten our senses and give us extra amounts of energy.

But chronically stressful situations that go unaddressed can lead to serious health problems. Constant job stress can impact eating and exercise habits, which can contribute to high blood pressure, high cholesterol and weight gain. Stress on the job can also accelerate the onset of heart disease and can lead to burnout, which is often associated with depression.

There are a number of strategies for dealing with workplace stress. What will work for you may be entirely different than what will work for others. Some interventions include:

- Learning relaxation and meditation techniques
- Assertiveness training
- Nutrition and exercise counseling
- Time management training
- Structuring breaks into your workday
- Emotion regulation training
- Identifying and setting reasonable standards

Options for decreasing your stress levels include: making changes to yourself how take care of yourself and how you think about and respond to stress and making changing to your work environment by doing things such as asserting your needs and managing your time. It's important to remember that sometimes, despite our best efforts, we are powerless to make changes to our environment. Some work demands won't change and sometimes we're unable to change a hostile work environment. When that is the case, to reduce your stress, you may have to evaluate your career options.

Family stress theory can be applied to critical work events that negatively affect the family, such as job loss and to chronic work stressors such as role overload, instability, job dissatisfaction, inadequate child care and shift work. 'Families' and 'employment' are inter-related and socially

constructed. The Functionalist theory of the 'modern' (or 'standard') *Current Research in Psychology 1 (2): 75-81, 2010* 76.

There are many facets in working mother's lives that subject to stresses. They deal with home and family issues as well as job stress on a daily basis. Imbalance between work and family life arises due to a number of factors. Various factors appear to strengthen the brunt of pressure on women. Frequently household duty involves protecting family members: children, the sick and the elderly. Even where men play role in the caring function, usually it is the woman who is the initial career, although she may suffer additional health risks. 'Work-family spillover' is result of the performing multiple roles and this will be accused when the demands from family and home life, interfere with women's ability to perform effectively in the workplace. Having to juggle multiple roles and effect of the pressures from work on one's attitude and behavior within the family also may lead to 'work-family spillover' (Younkin, 2010). A number of problems that working mothers can face: Difficulties with finances, Getting to spend time with the kids, Keeping on top of the housework, Dealing with sickness, Quality time for yourself, Personal illness and stress. Several researches have indicated that work-family difficulties can make negative influence for individual mentality and physiology.

In today's harried world, it is not uncommon for women to wear many hats in their families. Statistics show women are more often than men tasked with care giving responsibilities for both children and family members inside their home.

As health care decision makers and often caregivers for their families, women tend to put others' needs before their own. With so many competing responsibilities, women often don't take time for themselves and their overall wellness can be compromised. It is vitally important that women give themselves a break and find healthy ways to manage stress and live well. Healthy lifestyle strategies for busy women, mothers and caregivers:

Take care of yourself — set aside time to engage in healthy activities that you enjoy or that help You relax. Identify hobbies, increase exercising or eating healthy foods. Making time for yourself
Will help you better manage stressful situations and allow you to better care for the whole family.
Also, find something that makes you laugh – humor is important, and laughter can really make life a whole lot easier.
• **Recognize how you deal with family stress** — some people deal with stress by engaging in Unhealthy behaviors, such as smoking, drinking, comfort eating, or yelling and becoming irritable. Remember that stress is inevitable. What makes the biggest difference is how you manage that Stress.

Reach out to others: Enlist and accept help from others including friends and family. Identify Ways your family can help with specific needs that must be met like providing a meal or Babysitting so you can find time to take a break and rejuvenate. Take time to connect with your Girlfriends when you are feeling overwhelmed. Strong female friendships can help women Overcome stressors.

Keep things in perspective: remind yourself that each morning offers a new start and take Things one step at a time. Realize that there is no one perfect way to parent. Staying optimistic Lowers stress.

Prioritize: you can only do one thing at a time. Delay or say no to the unimportant tasks, and make appointments for more important tasks, such as spending quality time with a spouse Or Child.

Be organized: Keeping the family and yourself organized reduces stress. Put family health Information in separate folders; get family members to keep laundry in color coded baskets; keep Book bags in assigned bins. Harried searching for things adds to mom's stress. Enlist your Children's help in developing an organization plan for your household - if they are involved in the Planning, they will be more likely to follow through.

Ask for professional help: if you feel overwhelmed by stress or the unhealthy behaviors you Use to cope; you may want to talk with a psychologist who can help you address the emotions Behind your worries, better manage stress and change unhealthy behaviors.

CONCLUSION

Balancing work and family roles has become a key personal and family issue for women. Working women and Family studies specialists find that the changing family structure is a major source of stress and role strain in both the work place and the home. Women need to feel that their work is important and essential and that they are not sacrificing their child's well being in order to benefit themselves.

There is another dilemma for working women; they always feel that home is their original domain, which they have to sustain in all circumstances. Women usually have a feeling of guilt for sparing less time for their maternal responsibilities and family. This dual responsibility proves the double burden on her and that makes her to fight concurrently on two fronts. Sources of work stress, including role ambiguity, Relationships, tools and equipment, lack of autonomy, career advancement, job security, workload and work/home interface have been implicated in affecting family functioning. Though men are increasingly contributing to family responsibilities, women still provide more than their fair share of care giving responsibilities at home. *Current Research in Psychology 1 (2): 75-81, 2010* 80 if women are working they suffer more between their family and job and they found more imbalance between work and family than nonworking this imbalance create stress in their life because of this stress these women's

face more mental and physical problems so the preventions is very important for them because the women's play very important role at home and also outsides of home nowadays.

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Conflict of Interests

The author declared no conflict of interests.

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Self Esteem, Anxiety, Depression and Stress among Physically Disabled People

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ABSTRACT

Background: The aim of the present study is to investigate the self esteem, anxiety, stress and level of depression among the individuals who are differently able. The study investigated the psychological stressors, mental health and self image of the physically challenged people. Any physical disability leads to feelings of inadequacy which results in the feelings of depression, anxiety and low levels of tolerance. ***Material And Method:*** 50 physically challenged and 50 normal women and men were taken for the study. ***Result And Discussion***: It was found that physically disabled people have low level of self esteem and high level of depression, stress and anxiety in comparison to normal population.

Keywords: *Self Esteem, Depression, Physically Challenged, Anxiety.*

The present study focuses on the distorted self esteem and the high level of depression, stress and anxiety among the physically disabled. According to International Classification of Functional Disability (ICF), physical disability is a state with remarkable defect, limitation or inability of certain organs or processes of the body, which create hurdle in carrying out normal physical movements and thus affect normal functioning in different areas of life (WHO, 2001 as cited in Chang & Johnson, 2008). Individual having any kind of disability has faced the problem in interacting with the society at one time or the other. Disability results in the limitation of performance in one or more activities that are essential for the daily living. This means the individual is incapable of some degree of independence (Reynell, 1970). Disability limits the individual's opportunity and creates frustration. It also creates a sense of prejudice among disabled and able bodied. The degree of disability of a person is measured on the basis of the demands of the surroundings in which he or she is living and his or her inability to meet those demands. From a vocational and educational perspective, there are three categories of disabled

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namely, those who are capable of being full educated and productive and are able to compete with the able-bodied; those who are partially productive because they cannot acquire speech and skills required to compete with the able-bodied; and those with serious disability who remain totally unproductive. However, the disabled individual can raise himself/herself from a lower to higher level as a result of social conditioning, technical change or fashion. The disabled individual may likewise regress to a lower level due to personality maladjustment (Jennings, 1988). Disabled individuals have problem of adjustment in a society that labels anyone that does not fit the description of the normal individuals. This led Cusforth (1951) to conclude that society's negative reaction to the disabled was entirely responsible for their emotional problem.

Self-esteem involves an individual evaluating his/her image progressively or regressively (Roessler, 1978). Self-esteem has a prominent role in the mental health and personality balance. This evaluation is believed to be relevant to the individual's optional adjustment and functioning. Self-esteem with reference to disability can be defined as a disabled person evaluating his/her capacity to perform in the society. . Low self-esteem unsettles human's balance and vitality and negatively influences the efficacy, efficiency learning and creativity of physically disabled humans. It is characterized by the feeling of inadequate, guilt, shyness, social inhibition, independency, helplessness, masked hospitality, withdrawal, complainer, tendency to downgrade others, reduced ability, accepting unfavourable assessment as accurate, vulnerability and interpersonal problem (Robson, 1988). One of the most disastrous outcomes of defected inefficient self-esteem is the slowed personal function and person's reduced efficiency. This defected self esteem deprive person of using complete mental and intellectual power. However, it was stereotyped that male are prone to more self-esteem than female. This is because male tends to base their image on individualism while female base theirs on care (Cohen, 1977). The survey of Stikland and Angimary (2004) on self-esteem and body image of physically disabled persons shows that physical health has a positive significant relationship with self-esteem and assessment of self. Level of self-esteem will decrease in the existence of physical disability. Depression is also a very serious problem among physically disabled. A person having depression feels very low which hinders his activities of daily living. A study was conducted by Hussain, N. Et al in 2014 to assess the level of depression among physically handicapped. Present study has found that physical disability is a risk factor for the development of depression. The study indicates that there are symptoms of depression in people with physical disability according the disability symptoms may be mild, moderate or severe. Disabled persons were at substantially elevated risk for depressive symptoms and major depressive disorder. Results shows that out of 35 individuals 2.86% were of mild mood disturbance, 42086% were moderately depressed, 37.14% severely depressed and 14.29% were in extreme depression. Results clearly demonstrate that physical disability can lead to depression.

Physical disability either congenital or acquired may lead to feelings of inadequacy (Chang & Johnson, 2008). Marschark (1993) suggested a strong relationship between physical and mental

functioning in humans because any type of physical or sensory deficiency disturbs one's overall psychological functioning by creating an obstruction in normal flow of such processes, leading to an experience of the world, which is distinct in context. People who experience physical impediment are more likely to have low frustration tolerance (McDermoort & Akina, 1972; Dell Orto & Power, 2007). Many individuals with physical disability experience anxiety (Boswell & Wingrove, 1974) and also experience depression due to loss and as well as due to the changed behaviours of people around them (Krueger, 1984). Disabilities are often associated with vulnerable self-esteem (Nosek et al., 2003; Gill, 1996; Cornwell & Schmitt, 1990). It has a negative effect on those who were ambitious and could have achieved their life goals easily in the absence of their present disability (Goodwill & Chamberlain, 1988). Narimani and Mousazadeh (2010) also found a significant difference in the mean scores of handicapped and normal students on self-esteem. Lasker et al. (2010) noted similar severe psychosocial problems in children with disability in comparison to the healthy ones. Puranen, Seuri, Simoli and Elo (1999) found that participants displayed symptoms of anxiety and depression more commonly than general population.

Above given research evidences show that there is low level of self esteem and high level of depression, stress and anxiety among the physically disabled people. Though there is a need of much more research in this phenomenon to explore it in a better way.

METHODOLOGY

Objectives:

1. To find out the level of self esteem among physically disabled people.
2. To find out the level of depression among physically disabled people.
3. To find out the level of stress among physically disabled people.
4. To find out the level of anxiety among physically disabled people.

Participants:

The data was collected randomly on 50 physically handicapped females and males and 50 normal people were taken as a sample for the study from Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh.

Tools:

- **DEPRESSION, ANXIETY, STRESS SCALE (DASS):** The DASS developed by Lovibond and Lovibond (1995) is a 21 item self report questionnaire designed to measure the severity of a range of symptoms common to both Depression and Anxiety. In completing the DASS, the individual is required to indicate the presence of a symptom over the previous week. Each item is scored from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week). The essential function of the DASS is to assess the severity of the core symptoms of

Depression, Anxiety and Stress. Accordingly, the DASS allows not only a way to measure the severity of a patient's symptoms but a means by which a patient's response to treatment can also be measured. Both English and non-English versions of DASS have high internal consistency (Cronbach's alpha scores of > 0.7).

- **ROSENBERG SELF ESTEEM SCALE:** This scale was developed by Rosenberg in the year 1965.The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. Internal consistency for the Rosenberg self esteem scale range from 0.77 to 0.88. Test-retest reliability for the RSE range from 0.82 to 0.85.

Procedure:

The data was collected on subjects individually by administering DASS and Rosenberg Self Esteem scale. Prior to data collection researcher had to establish a rapport with the subject. The purpose of the research was explained to the subject to develop the subject's keen interest to cooperate the task and after the subject's readiness to support the purpose, they were asked to fill the questionnaires. After the completion of the questionnaires subject was told that his or her responses would be kept confidential and should be used for research purpose only.

RESULT AND DISCUSSION

TABLE-1, Showing the difference in the level of depression between physically challenged and normal population

Groups	N	M	S.D	t
Physically disabled	50	18.5	3.63	18.431
Normal population	50	7.2	2.40	18.431

TABLE-2, Showing the difference in the level of anxiety between physically challenged and normal population

Groups	N	M	S.D	t
Physically disabled	50	15.4	2.77	22.631
Normal population	50	4.4	2.00	22.631

TABLE-3, Showing the difference in the level of stress between physically challenged and normal population

Groups	N	M	S.D	t
Physically disabled	50	26.8	3.90	24.649
Normal population	50	8.3	3.56	24.649

TABLE-4, Showing the difference in the level of self esteem between physically challenged and normal population

Groups	N	M	S.D	t
Physically disabled	50	10.2	1.60	-21.545
Normal population	50	17.7	1.84	-21.545

TABLE-5, Showing the correlation between high level of depression, stress and anxiety with low level of self esteem

		Depression	Anxiety	Stress	Self esteem
Depression	Pearson Correlation	1	.856**	.794**	-.797**
	Sig. (1-tailed)		.000	.000	.000
	N	100	100	100	100
Anxiety	Pearson Correlation	.856**	1	.863**	-.829**
	Sig. (1-tailed)	.000		.000	.000
	N	100	100	100	100
Stress	Pearson Correlation	.794**	.863**	1	-.806**
	Sig. (1-tailed)	.000	.000		.000
	N	100	100	100	100
Self esteem	Pearson Correlation	-.797**	-.829**	-.806**	1
	Sig. (1-tailed)	.000	.000	.000	
	N	100	100	100	100
**. Correlation is significant at the 0.01 level (1-tailed).					

CONCLUSION

Physical disability creates a sense of dependence this result in frustration, stress and anxiety it leads to the low level of self esteem. It can be clearly seen from the above given tables that there is a significant difference between the mean scores of physically challenged and normal population on the level of depression, anxiety, stress and self esteem. The mean score of depression of physically disabled is 18.5 which are much more than the score of normal population that is 7.2. Similarly the scores of physically disabled people on anxiety scale are 15.4 which are higher than the scores of normal people which are 4.4. The mean scores of stress obtained by physically challenged are 26.8 which are higher than the mean scores of normal population that is 8.3 on the same scale. These scores are clearly denoting the difference in the level of depression, anxiety and stress between the normal population and the physically handicapped. Physically challenged people are much higher on the levels of stress, anxiety and depression because of the helplessness, hopelessness, frustration, sense of dependence, loss and changed behaviour of people around them. They feel that their life could have been on some other track if they are not less fortunate. People who know that they cannot achieve their desired goals because of their disability feel much more depressed. They do not feel to be fit in the society of normal people. They sometimes or the other faced difficulty in interacting with the

society. Physically challenged people are also unable to support themselves in their daily living which results in a sense of dependence to some extent on others and it leads to frustration which is a cause of stress and anxiety. Physical unattractiveness is also an important factor leads to depression in physically disabled people. Also at the same time they have distorted self esteem which can be seen from the above given table. The scores of physically challenged on the self esteem are 10.2 which are much less than the scores of normal population which are 17.7. Low level of self esteem results from the feeling of inadequate, guilt, shyness, social inhibition, independency, helplessness, withdrawal, masked hospitality, etc. They feel themselves as less efficient than the able-bodied and lack self confidence. They are not able to trust others as well as themselves. They lose motivation, are not able to stand in front of the normal people. They stop believing in themselves. There is also a positive correlation between low level of self esteem and high level of depression, anxiety and stress as shown in table 5. As the level of depression, stress and anxiety starts increasing, the self esteem of an individual starts declining. When a person starts thinking of himself as useless, he starts losing his self confidence as a result his motivational level and the belief on ones abilities declined, it fills the person with negativity and this negative self image will be the reason for low level of self esteem. But as they start living with their disability and accept the fact that they are not less fortunate than others and stop blaming themselves or others for their disability they are able to adapt with the situation effectively and as a result their self esteem starts enhancing and the level of depression, stress and anxiety starts declining. There is a need of change in the attitude of the society towards the disabled, as well as the physically challenged people also need to change their own attitude towards themselves. A quality of work has been done in this field but there is a need of much more research and a number of positive initiatives in order to solve the issue.

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Conflict of Interests

The author declared no conflict of interests.

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Social Construction of Aging

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ABSTRACT

In life, we must take the good with the bad, and how we view these life events determines our well being and ability to adjust. Aging is not optional. We are all, in fact, aging from the moment we are born. The biggest issue regarding aging and getting old is how we look at it. Social constructivisms uncover the ways in which individuals participate in the creation of their perceived social reality. It involves looking at the ways old age are perceived, created, institutionalized, and made into traditions by human beings. Individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstances. This paper examines social construction of old age and aging in general and self-aging in particular among a small sample of 300 male and female respondents in the age range of 25-85 years.

Main themes that emerged in the context constructions of general aging were as follows: good aging - 'all responsibilities being over'; worst part of growing old - 'empty nest'; females spend less time than males with elderly parents but expect a better relationship with them and are perceived to be the best support to elderly; best type of support for male elderly - 'emotional', for female elderly - 'physical'; best support that old parents can extend is in 'caring for children'; amount of advice that young adults are willing to accept from elderly – 'only a bit'; for old respondents caring for elderly - a 'government's responsibility.

When people were asked to construe their own old age they reported that the most predominant feeling in old age would be 'loneliness'; most important concern –'health'; expectations about living in old age – 'with son and their families'; possibilities of receiving day to day care from grown up children - 'great'.

Data analysis revealed several interesting findings by way of anxiety about aging, ageist attitudes and some utopian expectations. Most importantly, it indicated that even though people try to maintain a distance from elderly people, are unable to engage with them and/or care for their elderly parents they are sure of receiving, in their own old age, much better support, emotional closeness and daily care from their children.

Keywords: *Aging, Social Construction*

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Social Construction of Aging

Aging refers to the processes of "accruing maturity with passage of time". Old age is the closing period in the life span. The goal of geriatrics is not to promote Senescence, but maximize the positive aspects of aging. In the words of the Gerontological Society of America, gerontology should be "adding life to years, not just more years to life".

Age generally refers to how old a person is, biologically, the biological process which brings about inevitable changes in outlook and behaviour, physical changes in the body, from teenage changes in hormones to elderly changes. However sociologists also point out that age is shaped by cultural norms and social factors, indifferent cultures age is viewed differently.

The roots of social construction can be found in sociology (Craig, 1995; Shotter and Gergen, 1994). Berger and Luckmann (1996) were first to define and comprehensively examine a phenomenon of social construction of reality. Social construction or social constructionism is a sociological theory of knowledge that considers how social phenomenon develops in particular social contexts. Within constructionist thought, a social construction is a concept or practice which may appear to be natural and obvious to those who accept it, but in reality is an invention or artifact of a particular culture or society. The implication is that social constructs are in some sense human choices rather than laws resulting from divine will or nature. Socially constructed reality is seen as an ongoing, dynamic process; reality is reproduced by people acting on their interpretation and their knowledge of it.

"Social construction is a cognitive and symbolic constructs that help individuals develop a sense of self, a sense of identity that is constructed in the process of interacting with others within a given human community".

By 'social construction' sociologists refer to the way that labels or classification are not naturally occurring but they are categories that we create. Saying the age is socially constructed suggests that a person's chronological age is affected by societies norms attached to age groups which in turn means that each group is expected to behave a certain way and to have a certain role.

Old age as a life stage is a socially constructed phenomenon though it is determined biologically as it is pointing out people who are 65 and over. A socially constructed world is not only performed by actors who are actively constructing their own worlds and but also by those who have influence upon those worlds through other social interventions. Social agents construct their own identities through the identity of others; hence in this case old age is constructed through being young; youth also construct the knowledge of old age.

Old age has "not only changed over time but has also varied among different cultures" (Hareven, 2005: 119). This is the strongest indicator which explains why old age should be seen as a reality

which is socially constructed instead of a natural phenomenon. According to Berger and Luckman (1967), reality, in general, is constructed through three stages; *externalization, objectification* and *internalization*. The child internalizes the world of his own significant others in the way his parents form it (Berger and Luckman, 1967:154). That is why the family in which one is born has important effects upon how he conceives of ageing.

METHOD

Sample

A purposive sample of 300 respondents living in lucknow was used for the present study. Half of these were males, the other half, females. Inclusion criteria consisted of having completed education till at least graduation, not being diagnosed with any illness at the time of the study and belonging to the middle socioeconomic status. The male and the female respondents were further subdivided into four age groups of 25-35 years, 45-65 years, and 65 years and above. In male sample 75% were graduate, 50% were post graduate and 25% were doing some professional courses whereas in female sample 95% were graduate, 45% were postgraduate and 10% were doing some professional courses. All of them were married.

Variables and Measures

Two sets of variables were used in the present study. The first set consisted of the classificatory variables of sex (males vs. females) and age (25-35 years, 45-65 years and 65+ years). These two variables together led to a division of the sample into six subgroups of 'young', 'middle-aged', and 'old' males and females.

To set of questionnaire were administered to elicit respondents' narratives to explore their constructions regarding various aspects of old age. Some open ended single item measures were used to draw out narratives about general attitude toward old age (i.e., aging in general) and one's own aging in particular i.e., respondents were requested to imagine their own selves some 20-30 years from now.

Procedure

The questionnaires were constructed consisting of a demographic data sheet to measure the social construction of old age. The questionnaire was divided into two parts. The first part of the questionnaire contain seven single items measure which were used to elicit respondents orientation towards aging in general, the other part of the questionnaire contain six single items measure, regarding how people construe their old age i.e., aging in particular. A Hindi version of these questionnaires was prepared using the back translation method. Data were collected by administering the questionnaire in face-to-face personal interviews with the respondents. Respondents' narratives were then content analyzed.

RESULTS

Social construction of old age in general

In this part a few open ended single item measures were used to explore respondent's narratives regarding attitude toward old age or aging through social construction among adult's respondents. To measure 'aging in general' respondents were asked to identify good aging, worst part of old age, support and help older people received, caring of older people these single item measures underlying people's construction of the aging process in general.

(i) Factors which contribute to "aging well"

Respondents were asked to prepare a list of factors which contribute to aging well. The important factors that contribute to graceful aging are an absence of physical health problems, diseases and financial problems, all responsibilities being over and having children spend time with their older parents. Both males and females in the middle age group listed "all responsibilities being over" as an important contributing factor for aging well.

Table 1: Factors contribute to aging well

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	No physical problem	70.00	74.00	70.00	71.33	64.00	60.00	66.00	63.33	67.33
2	No diseases	50.00	60.00	70.00	60.00	84.00	88.00	76.00	82.66	71.33
3	No financial problems	92.00	84.00	76.00	84.00	94.00	84.00	82.00	86.66	85.33
4	All responsibilities over	94.00	96.00	86.00	92.00	80.00	90.00	88.00	86.00	89.00
5	Children spend time with their old parents	80.00	78.00	96.00	84.66	62.00	74.00	92.00	76.00	80.33

(ii) Worst part of growing old

Loneliness, decline in physical health, empty nest syndrome, a lack of mobility and health related ignorance are the factors which are considered the worst aspects of old age. Old aged respondents reported that empty nest is the worst part of growing old.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Loneliness	70.00	74.00	80.00	74.66	88.00	64.00	72.00	74.66	74.66
2	Decline in physical strength	64.00	76.00	66.00	68.66	64.00	60.00	76.00	66.66	67.66
3	Empty nest	80.00	94.00	96.00	90.00	74.00	90.00	92.00	85.33	87.66
4	Less mobility	40.00	50.00	60.00	50.00	58.00	-	30.00	29.33	39.66
5	Ignorance	64.00	90.00	92.00	82.00	70.00	74.00	96.00	80.00	81.00

(iii) Inclusion of old people in day to day life

For this a four point rating scale was developed which ranged from 1 – 'not at all' to 4 – 'too much'. The data analysis indicated that as compared to young and old respondent's middle aged males (age range 45-65 years) are perceived to involve their older parent more in the daily life.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Not at all	-	-	-	-	-	-	-	-	-
2	Little bit	4.00		80.00	42.00	50.00	56.00	90.00	65.33	56.00
3	A bit	76.00	90.00	10.00	58.66	24.00	16.00	8.00	16.00	37.33
4	Too much	20.00	10.00	10.00	13.33	26.00	6.00	2.00	11.33	12.33

(iv) Support/help received from sons Vs. daughters

It is seen that the old males (above 65 years) reported that old people receive more help and support from their daughters than from their sons. Among females also daughters are perceived as more important caregivers in comparison to sons and other family members.

A comparison of all males vs. all females shows that females, as compared to males, more often identified daughters rather than sons as potential persons giving support and help to their older parents.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Son	80.00	50.00	30.00	53.33	50.00	60.00	44.00	51.33	52.33
2	Daughter	40.00	90.00	96.00	75.33	76.00	92.00	94.00	87.33	81.33
3	Other family members	10.00	20.00	10.00	13.33	30.00	20.00	16.00	22.00	17.66

(v) Help/Support expected by old parents

The important areas where in old people are perceived to be useful are giving advice, caring for grand children, offering financial support, sharing house hold chores/ activities and providing guidance.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	By giving them advice	50.00	60.00	70.00	60.00	84.00	88.00	76.00	82.66	71.33
2	Caring Grand children	94.00	96.00	86.00	92.00	80.00	90.00	88.00	86.00	89.00
3	Financial Support	96.00	80.00	94.00	90.00	90.00	74.00	92.00	85.33	87.66

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
4	By doing some house hold activities	92.00	84.00	76.00	84.00	94.00	84.00	82.00	86.66	85.33
5	By providing guidance	70.00	74.00	70.00	71.33	64.00	60.00	66.00	63.33	67.33

(vi) Help or Support expected by young people

The important themes on this item correspond to financial support, caring for old people's needs, listening to them, spending time with old parents and providing physical and emotional support to them. Caring for older people needs is the most important support for older people that younger people give

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Financial support	60.00	50.00	40.00	50.00	58.00	-	30.00	29.33	39.66
2	By caring old people needs	88.00	94.00	90.00	90.66	96.00	86.00	84.00	88.66	89.66
3	By listening them	70.00	74.00	80.00	74.00	88.00	64.00	72.00	74.66	74.66

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
4	Spend more time with old parents	94.00	80.00	96.00	90.00	90.00	74.00	92.00	85.33	87.66
5	Physical support	64.00	76.00	66.00	68.66	64.00	60.00	76.00	66.66	67.66
6	Emotional support	92.00	90.00	64.00	82.00	96.00	74.00	70.00	80.00	81.00

(vii) Old parents as a source of burden

Adult respondents were asked to indicate the extent to which caring for old parents is a source of burden. For all age groups of male and females, caring for old parents was reported (at least verbally!) to be a 'no burden at all'.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	No burden at all	100.00	100.00	100.00	100.00	96.00	100.00	100.00	98.66	99.33
2	A little burden	-	-	-	-	4.00	-	-	-	-
3	Moderate burden	-	-	-	-	-	-	-	-	-
4	Lot of burden	-	-	-	-	-	-	-	-	-

(viii) Caring for old parents as a source of satisfaction

An attempt was next made to assess the extent to which caring for the older parents could be a source of satisfaction for their children. All males and females in various age groups reported that providing care for their older parents would lead to a lot of satisfaction for them.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Not at all	-	-	-	-	-	-	-	-	-
2	A little satisfaction	20.00	10.00	-	-	-	-	-	-	5.00
3	Moderate satisfaction	10.00	10.00	-		6.00	4.00	-	-	7.5
4	Lot of satisfaction	70.00	90.00	100.00	-	94.00	96.00	100.00	-	91.66

(ix) Responsibility of caring for older people

As compared to older and younger generations, the middle aged males think that children are responsible for caring for their old parents. Many older males responded that government is responsible for caring for older people. Among females the middle aged ones more often thought that children are responsible for caring for their older people.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Old people themselves	50.00	30.00	70.00	50.00	56.00	40.00	80.00	58.66	54.33
2	Their children	70.00	90.00	50.00	70.00	90.00	92.00	40.00	74.00	72.00
3	Some NGO	40.00	24.00	40.00	34.66	30.00	20.00	10.00	20.00	27.33
4	Government	76.00	80.00	84.00	80.00	40.00	50.00	70.00	53.33	70.00

(x) **Adults' responsibility towards their own children vs. parents**

Total sample responded that they consider themselves equally responsible for their children as well as their parents.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Only towards his or her children	-	-	-	-	-	-	-	-	-
2	Mostly for children and a little towards parents	-	-	-	-	-	-	-	-	-
3	Equally for children as well as parents	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
4	Towards parents more than children	-	-	-	-	-	-	-	-	-

(xi) Important problems of aging

Poor health is the major problem according to all sub-groups inclusive of males and females. Second major problem of old age as reported by the respondents is loneliness.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Not having enough work to keep meaningfully busy	30.00	-	20.00	25.00	40.00	20.00	30.00	30.00	23.33
2	Not having enough to live comfortably	20.00	-	-	-	-	-	-	-	-
3	Poor health	70.00	90.00	96.00	85.33	88.00	94.00	96.00	92.66	89.00
4	Loneliness	80.00	70.00	80.00	76.66	74.00	70.00	76.00	73.33	75.00
5	Irritability & bad temper	40.00	30.00	50.00	40.00	36.00	42.00	50.00	42.66	41.33

Social construction of one's own old age some 20-30 years from now

To measure one's own aging in particular respondents were requested to imagine their own selves some 20-30 years from now. They were requested to close their eyes and transport themselves 20 years into the future and think of how they might feel, think, do, have problems, handle these problems, get support, type of support, be useful, spend time with their own old parents, receive advice from parents and relate with them.

(i) Feelings in old age

Respondents were next asked to indicate their feelings after 20-30 years. The important feelings in that situations emerged to be loneliness, irritation and isolation.

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Loneliness	88.00	80.00	96.00	80.00	64.00	76.00	82.00	74.00	81.00
2	Irritability	60.00	50.00	40.00	50.00	58.00	-	30.00	29.33	39.66
3	Isolation	64.00	70.00	90.00	74.66	70.00	74.00	96.00	80.00	90.33

(ii) Major future worries 20-30 years from now

Respondents were asked to prepare a list of worries which they may experience in future, some 20-30 years from now. The main worries of the respondents in old age are – loss of loved one, health concerns, dependency and financial concerns. Worry related to health is the most important for all males and females. After health, the next important worry is financial difficulty.

(iii) Living with family members

Participants were asked to visualize which family members they may be living with 20-30 years later. The highest percentages regarding this dimension are son and daughter-in law and the second is with their spouse.

			Males				Females			
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Son and daughter in law	70.00	90.00	96.00	85.33	88.00	94.00	96.00	92.66	89.00
2	Spouse	80.00	94.00	96.00	90.00	74.00	90.00	92.00	85.33	87.66
3	Grand Children	76.00	84.00	92.00	84.00	82.00	84.00	94.00	86.66	85.33

(iv) Future problems

Important responses regarding this single item are physical problems , financial problems and emotional problems. Out of these three problems, the problems related to emotions is the most important one in old age for all males and females irrespective of their different age groups.

			Males				Females			
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Financial	60.00	80.00	96.00	78.66	70.00	88.00	80.00	79.33	79.00
2	Physical	70.00	74.00	84.00	76.00	60.00	76.00	92.00	76.00	76.00
3	Emotional	84.00	86.00	90.00	60.66	68.00	74.00	80.00	74.00	80.33

(v) Possibilities of getting support at that age

Female respondents are clearly more hopeful than male respondents about getting the desired support from their young ones in future. It could be because females usually provide more care and support and hence they also anticipate receiving more care and support. Or else, females are less reality oriented than males.

			Males				Females			
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	0-10%									
2	20-30%									
3	40-50%			86.00						
4	60-70%	16.00	20.00	14.00		8.00	30.00	12.00		
5	80-90%	92.00	80.00			96.00	70.00	88.00		
6	100%									

(vi) Type of support

An attempt was next made to assess what types of support respondents would likely get when they become old. Table 4.22 contains data on this measure. From the table it is found that in old

age the support that they most expect from their children and family members is emotional support (86.33%). As compared to females this percentage is higher among males (91.33%). Next important support that got mentioned was physical support (77.66%).

			Males				Females			
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Financial	70.00	74.00	80.00	74.66	88.00	64.00	72.00	74.66	74.66
2	Societal	40.00	38.00	40.00	39.33	56.00	68.00	58.00	68.66	50.00
3	Emotional	88.00	90.00	96.00	91.33	74.00	84.00	86.00	81.33	86.33
4	Physical	64.00	90.00	92.00	82.00	70.00	74.00	96.00	80.00	77.66

(vii) Receiving advice from parents

It contains data about the extent to which adult respondents of today would welcome advice from their old parents in future. For this a four point rating scale was developed which ranged from 1- 'not at all' to 4 – 'too much'. The data analysis indicated that the total sample inclusive of all males and females said that they would accept only "a bit" of advice from their old parents in future.

			Males				Females			
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Not at all									
2	Little bit									
3	A bit	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
4	Too much	-	-	-	-	-	-	-	-	-

(viii) Relationship with old parents

For this a four point rating scale was developed ranging from 1 = Not close at all, 2 = A little close, 3 = somewhat close and 4 = very close. The data analysis indicated that the total sample said that they would be "very close" to their old parents in future.

			Males				Females			
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Not close at all									
2	A little close	-	-	-	-	-	-	-	-	-
3	Somewhat close	4.00	10.00	4.00	6.00	-	-	-	-	-
4	Very close	96.00	90.00	96.00	94.00	100.00	100.00	100.00	100.00	97.00

DISCUSSION

In the present study the issue of age as a cause of social inequality is being analyzed from the social constructivist perspective. The adoption of this perception stem from conviction that age has ceased to be a purely biological or natural categorization and with the beginning of modern times and the changes in the functioning of societies it fluctuated into being a socially and culturally constructed phenomenon.

The ways the younger generations conceive of old age is rather valuable data firstly because these generations will become old in the future. Hence, in order to make projections about how old age phenomenon will look like after about 50 years, it is efficacious to take the considerations of younger people seriously, especially middle aged people, because young people none of whom had no way to have already experienced the old are before, are too far to the idea of being old.

Aging concerns the middle- aged more than other age groups as they see their future in old people. The middle- aged together with the elderly can make the attitudes and opinions about aging in society more positive. People construct all kind of knowledge about the social world both through getting involved in it and being the other for it. In construction of an object of

knowledge, otherness is more powerful, yet based more on perception. Therefore, young people construct old age not by experiencing it; however as another within this phenomenon, they produce this knowledge through their perceptions. They perceive what has been produced, and then reproduce it. As a matter of fact, according to Haim Hazan (1994) a study of socially constructed old age consists of two parts: handling old age as a socio-cultural object among the non-olds and how old people construct their own world.

The questions in questionnaire are organized in order to grasp the constructed realities about aging in general and ageing in particular. Moreover, it is also significant to keep in mind that people construct their own identities as the other see us. When the questions "worries after 20-30 years" has been asked then most of the respondents asked that "poor health" is the main worry after 20-30 years. The main reason for this difference is because of the stereotypic beliefs about the elderly person which are widespread in our society. As Nelson (2002) states "age prejudice is one of the most condoned, institutionalized form of prejudice in the world today".

When the question "who is responsible for caring for older people" was asked, the respondents in the younger, middle as well as the older generation reported that children are the major source who are responsible for caring for their older parents. Similarly, the question of whether 'Adult's responsibility is more towards their own children or else their old parents' 100% of the respondents reported that they are equally responsible for their children as well as their parents. Thus, at least, at the cognitive level, younger generation also is found to verbalize their responsibilities towards their older parents. Filial responsibility is conceptualized as a societal attitude towards the duty of adult children to meet the needs of their aging parents (Seelbach, 1981; Walker et. al., 1990). These attitudes relate to the felt duties of adult children and to the attitudes of elderly individuals regarding the obligations of young family members to care and protect their elderly parents (Hanson, Seelbach and Seelbach, 1983). Filial obligation to elderly parents and their care is a very important religious and moral commandment in India, perhaps much more than in other societies, and includes provision of material and financial assistance as well as instrumental help (Linzer, 1986 & Sapp, 1996). The young adults know that they have to take care of their children and help them enter to live comfortable lives even in old age. However, at the same time, they are also aware that assisting their parents in old age would be difficult because of simultaneous demands from their wives and children and their preference for being independent and away. They expressed that their parents are the greatest strength for them. In this paper the attitudes toward the conception of successful aging were studied with different statements. Statements "how would you make yourself useful after 20-30 years from now", was highly positively evaluated by the respondents. When the question "what will be the possibility of getting support at that age" was asked to the respondents then all the respondents of different age groups reported that they get 80-90% of support by their children when they become old. Although most of the respondents of different age groups, either male or female, reported that every day they spend their time with their older parents when statement "How much time would

you spend with your old parents after 20-30 years from now" was asked to them. For the statement like "Relationship you would have with your parents" was asked most respondents said that they would be very close to their parents after 20-30 years from now.

These statements are highly positively evaluated by the respondents. Individuality is the thing to be appreciated. The attitude of society towards aging and old age reflects the maturity and level of ethics of society. All people especially elderly and middle aged have the task to improve the reputation of aging and take favorable stance towards their own healthy and successful aging. For construing old age in a positive manner, the middle-age is the ripe time. The middle aged know that preparation for aging should start early, but most have made no conscious efforts for that.

"Today the old and young, members of different historical cohorts, know less and less about each other and share little of each other's cultural worlds" (Moody, 1993). In this paper it is mainly aimed to assess the degree to which young people and old people have an idea about old people's world. In addition, young people contribute to social construction of old age phenomenon by participating to his construction as other; but they inherently know that they are potentially old. Differentiation between young and old is perhaps the only one in which people of privileged side know that they will turn out to be unprivileged on day. Moreover, how younger and older people perceive old age and ageing process is of great importance. "How humans conceive of their worlds affects profoundly how they anticipate and create their future" (Atchely, 1993 : 4). Future population of older people will be more culturally and socially diverse than past cohorts of older people, as well as better educated and in better health, more inclined to maintain active lifestyles, and less inclined to accept uniform and stereotypical notions of what it means to be old" (Polivka, 2009: 562). The anticipations about elderly in future are so crucial for developing social policies in regard to meet the needs of old people.

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Substance Use Disorder: A Need to Address the Gender Difference

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ABSTRACT

This paper aim to emphasize on the increase in the number of substance abuse among women along with a highlight on the need to understand gender differences in substance use disorders and necessitate having gender specific treatment which address the specific needs of women with substance use problems. With this aim, this article has put an effort to give more insight into gender differences in substance use disorders by elaborating on bio-psycho-social differences. This article also help the mental health professionals to acknowledge the need to have a specific intervention programme which address the issues, needs, strengths and challenges of women with substance use disorder. A brief review of literature pertaining to this specific area shows the necessity to develop a need based psychosocial intervention exclusively addressing women specific bio-psycho-social issues of substance dependence is of critical in the context of increasing women's alcohol and other substance dependence behaviors as a byproduct of ongoing social change that dispose women vulnerable to substance abuse and dependence.

Keywords: *Women, Substance Abuse, Psychosocial Issues*

The traditional understanding of addiction as a disease of men has been changed in view of the increased number of female substance users. Evidently, substance use among women was increasing at higher rate, though men were still more likely to become addicted to substances than women. [1,2]. In most societies, male substance abuse pattern was more prevalent and heavier than females, it could be apparently most of the studies exhibited a gender bias towards the male population [3, 4].Recent western studies show that around 60% of adult women consume alcohol at least once in a while [3]. Further, a survey reported 20-30% women from developed countries consumed alcohol during their pregnancy [5, 6]. A study from India also supported the increased pattern and amount of alcohol consumption among women and in many cases it was similar amount of alcohol as their male counter partners. [7] A review shows that in

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India 30% of adult males and less than 5% of adult females consume alcohol [8]. But most of the studies admit that due to lack of resources, negative attitude towards women's substance use and some methodological problems would have under represent women with substance use problems. Evidently, fewer women abuses alcohol and other substances compared to men. But it is clearly evident that substance abuse among women is increasing and necessitates a special attention because the biomedical and psychosocial consequences of substance use disorders are higher for women as compared to men. Thus it is critical to understand the gender difference in substance use.

As discussed, the effects of alcohol and other substances are varying with gender status because female physiology is more complex compared to male. First, women tend to progress more quickly from using an addictive substance to dependence is called telescoping effect. Second, women tend to have low weight compared to men and women's body contains less water and more fatty tissue, fat retains more alcohol due to less water in the body. Therefore, a woman consumes alcohol tends to have higher blood alcohol concentration compared to men which make women more vulnerable for medical co-morbidities. Third, women have lower levels of two enzymes (alcohol dehydrogenize and aldehyde dehydrogenase). Major function of this enzyme is to break alcohol down in the stomach and liver. Due to lower levels of these enzymes in women body leads to more absorption of alcohol in the blood stream. It can make women more vulnerable to develop and progress fast to adverse consequences compared to men. [9, 10]
Women are more likely to develop medical consequences easily to other substances like stimulants, opioids, cannabis, and nicotine compared to men. All these substances, women will have more adverse effects and progress more quickly to dependence. Females are more prone to get serious physical consequences such as malnutrition, sexually transmitted diseases (STDs) including HIV, reproductive health related problems respiratory infections, skin infections, and anemia. [11, 12]

Gender differences not only exist at the physiological level but also at the psychological dimension with respect to substance use disorder. The association between affective disorders, anxiety disorders and substance abuse are more common among women than in men. Many studies supported that there is a significant gender difference in terms of substance use disorders and associated co-morbid psychiatric disorders.[13]Women with substance use disorders have more of internalizing problems such as anxiety disorders, depression where in men with substance use disorders presents with more of externalizing spectrum disorders.

Thus, the woman with substance use problems typically present with more severe clinical profile than men despite having used less quantity and duration of substance use compared with men. It is clear that women with substance use disorders are more likely to have physical problems, psychological problems and from the available data it is evident that psychosocial profile of

women with substance use disorder is also different from men in terms of demographics, risk factors and severity of problem.

Data from developed countries conveys that majority of women with substance use problems are married, house wives, having a substance using partner, a family history of substance use and have problems in different levels such as family, social, health, and employment [9]. In other hand information from developing countries pronounce that women with substance use problems are involve in sex work or other high risk behaviors to meet their economic needs and survival [1, 4] in added to this they have to countenance additional psychosocial problems such as poor nutrition, housing, poor health practices and poor reproductive health due to their poor socio economic conditions.

Violence and trauma related problems are other common psychosocial factors in women with substance use disorders. There are a number of studies supports that substance use by women is associated with stressors, relationship issues, poor support from family, domestic violence, history of child sexual abuse, and most these women uses substances in order to self-medicate to cope up with these stressors and pain in their life. [14, 15, 16]

Stigma and shame is another psycho social risk factor. In most of the societies and cultures women's substance use is not accepted. These cultural and social expectations and gender norms make women to perceive themselves as 'failures' which again lead them to be in the vicious cycle of addiction. As a result of stigma and shame women experience lot of difficulties to initiate or continue de-addiction treatment. Plethora of reasons such as high stigma associated with female substance use, lack of special treatment for pregnant and lactating women with substance use problems, poor support from the family socio cultural rejection and financial constraints, serves as barrier for the treatment. [17]

In summary the psychosocial factors related to substance use among women and factors which affect the treatment access can be divided in to two border categories. First, internal factors such as stigma, shame, guilt, denial, minimization of problems, and fear of losing children or child care. Secondly, lack of support from family and friends to enter into treatment, lack of financial resources, lack of gender specific treatments, inadequate training of professionals to deal with women specific issues. [18]

Need for a special focus

Most of the de-addiction treatments are male specific because until recently women and substance use disorders not got much attention by researchers and clinicians so the available treatment facilities were failed to address women specific issues.

In addition, the background characteristics, substance abuse patterns, and personal histories of female substance users may differ from those of males. As such, treatment programming designed specifically for women is needed to address not only women's substance abuse-related problems but also their special needs and barriers to treatment. Although many service providers acknowledge and address gender differences among substance abuse treatment clients, these differences and the programming that addresses them have not been adequately studied. Therefore, there is a pressing need to develop new knowledge about for service providers to understand gender specific needs in substance abuse treatment.

Further, the existing psychosocial interventions in substance dependence are largely male specific, aiming at dealing with the substance dependence problems of men. The feasibility of women sensitive, gender and psychosocial factors are understudied and are often ignored in clinical practices [19, 20, 21]

Therefore, considering psychological, social, gender and other critical factors, it is clearly evident that existing male specific treatment methods, approaches and guidelines are inadequate to satisfy the needs of women with substance use disorders. Hence, a systematic effort to develop a need based psychosocial intervention for exclusively addressing women specific psychosocial issues of substance dependence is of critical in the context of increasing women's alcohol and other substance dependence behaviors as a byproduct of ongoing social change that dispose women vulnerable to substance abuse and dependence.

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Gender Dysphoria "I Am A Woman Soul Trapped In Male Body": A Case Report

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ABSTRACT

The etiology of Gender Dysphoria case is explored through the case history of a male adult with depressive features. Elicited Psychological ramifications. Emotional turmoil and cultural obligations are also highlighted. Standardardized Psychological Assessments were administered and interpreted accordingly.

Keywords: *Gender Dysphoria, DSM V, Psychological Ramifications, Emotional Turnmoil, Autogynephilic Features.*

Gender Dysphoria is an intricate disorder with constant discomfort of assigned sex not satisfied with sex born with desiring to have the characters of the opposite gender and getting recognized. There is a marked impairment of the individual in the areas of work place and other areas dealing with interpersonal relationships. (Amit Arya etal, 2010)

Philosopher believed homosexuality derived from an inborn tendency and strengthens by habit. (Aristotle (Greek, 4th Century B.C.) (ABC).

Ulrichs coined the term Urnings stating that body had one sex and the soul another, homosexuals belong to third sex. This was an attempt to analyze homosexuality scientifically. (Carl Heinrich Ulrichs, German,(1825-1895) (ABC).

Hereditary trait is homosexuality and stated to be an assumption of physical and mental degeneration. Richard Von Kraft-Ebing, German,(1840-1902) (ABC). Homosexuality a trait which is inborn and as a natural form of sexual activity. (Henry Havelock Ellis, English, (1859-1939) (ABC).

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Homosexuals do not follow a regular pattern as in ones sexual drive is directed toward opposite sex while at adolescent stage. (Sigmund Freud, Austrian, 1856-1939 (ABC).

According to Freud excessive attachment in some cases towards the parent of the opposite gender make an individual fearful of violating incest taboos. During childhood excessive attachment towards same gender parent could result in homosexuality. Might later try to duplicate narcissistic attachment in homosexual relationship. Homosexuality is often a treatable condition according to Freudian Theories.

Theories in current scenario are directed helping individuals to adjust with their orientation if they are feeling maladjusted. Individuals who would want to recover there are treatments available and can be effective if they cooperate through behavior therapies.

American Psychiatric Association does not consider homosexuality as a mental disorder. There are many scientists exploring various possible reasons for homosexuality. One such is prenatal hormones in the development of sexual orientation and how subsequent upbringing can affect. Few studies quoted that neither biological nor psychological influences causes of homosexuality and home environment has lesser role in sexual orientation of an individual (Sadock et al 2007).

Genes play a vital role in development of male sexual orientation and it has been located at near one end of the X-Chromosome. (Hamer et al., (1993)

There are no different levels of circulating hormone for heterosexuals or homosexuals. Many mistakenly assume that homosexuals have lower levels of sex hormones.

Sense of self images over time involving in identity of an individual gets disrupted when puberty creates radical alterations in physical appearance (Grotevant, 1998).

Important component of gender roles is developmental milestone at adolescence involve sexual orientation or sexual identity (Huston, 1983).

Adolescent developmental views construction of individual involving multiple "public" selves for which they present different constraints and the demands of a particular situations. (Harter, 1998).

How an individual defines and presents self are effected with physical constraints such as body, biological sex, race or age. (Collins & Kuczaj, 1991) Individuals sexual identity is reflected with self thoughts and exploration of self.

Individuals wouldn't be able to discuss with families and peers about their erotic feelings and fantasies especially gay, lesbian, bisexual and transgendered (Grotevant, 1998).

Expressive sexual behavior of men and women are influenced by steroids. Aggressiveness and testosterone increase of libido in women and estrogen can decrease libido and aggressiveness in men.

CASE REPORT:

This case is of a client who had come to outpatient ward at Department of psychiatry with the chief complaints like sadness of mood, fearfulness of meeting people, stammering distress of not being characterized by the sex born, hopelessness, worthless, no difficulty in work place dealing with same gender. Uncomfortable feeling while talking to same gender. Has difficulties adjusting self with the uncomfortable feeling. Confused, feels like a sinner, fearful of being judged by others as having feministic feelings, suicidal ideation some times, irritability, disturbed sleep, decreased appetite, or sometimes no interest to eat at all, conscious of how others will perceive him as he stutters. He wants to be treated as opposite gender.

Mr. 'Z' is 23 years old educated, single, working male who is first born, out of a non consanguineous marriage with no past history or family history of mental illness. Developmental milestones reported to be normal but presently stuttering when enquired with his mother stated that he was normal in speech but gradually was unable to speak clearly, completed schooling with good scholastic performance and participated in indoor games only as he was never interested in outdoor games and won few laurels in chess. Completed studies with good results and presently working and earning good livelihood as reported. As he is getting regular salary and sending money to his parents at village they thought of getting him married since then Mr. ' Z' is more in stress. To discuss this he met an elderly person who suggested him to have a friendly relationship with any girl who is accepting to be only for short time and experiment with her whether you are interested in opposite gender or it's just that not experienced opposite gender may be feeling uncomfortable. Mr 'Z' was not convinced with that suggestion.

Since six months finding difficulty in adjusting and wanted to consult mental health professional to overcome the distress experiencing to overcome emotional turmoil.

He states that he is fine with feelings he has presently but he also has difficulty in adjusting to the feelings of distress as saying that cultural boundaries would not let him to accept his confused feelings indeed it's stressful and feeling hopeless.

Feels in this state only when idle and while travelling whenever sees couple with opposite gender and same gender. when sees a male more intense feeling and feels aroused, while seeing a movie he imagines himself as heroine and enjoys the feeling. This feeling is not with brother and father.

During childhood parental relationship was with conflicts. During his early childhood he never preferred to play with toys either of the gender preferences at that age. He was sent to school and he was poor in learning new academic skills his teacher hurt him on head with clenched fist and he has fear to attend school but later continued.

He was more afraid to speak to his father as he was aggressive and he would always prefer to be with his mother and was helping mother in household chores especially in kitchen till the age of 15 years. His depressive symptoms were precipitated by his marriage proposals talks happening at home. He is unsure to get adjusted with the opposite gender. Personal history revealed apparently normal motor, social and language development except for the girl type activities and girlish behavior since early childhood. Later on he loved to play indoor games like chess and won few laurels also. He appeared to become submissive towards peers and showed sensitive relationship. Initially there was no familial discouragement of his cross gender behavior considering it to be a passing phage. Not even noticed so keenly as stated by his mother.

At the age of 9 years, he was left alone at home with his cousin elder brother who was 15 years old and was pursuing his studies was staying at their home tried to take advantage of him and taught him about same gender sex satisfaction. If not agreed he used to threaten Mr 'Z' and this continued for a year and later faded as cousin stopped coming home. Presently cousin is pursuing higher education and is rarely in touch and visits Mr. 'Z' 's home rarely for a day as visitor and leaves no indication of wanting to continue earlier shared experiences.

While studying 9^{th} class he was attracted to his classmate and tried to initiate talks for romance but that friend disagreed and was not comfortable and stopped talking to client. Mr. 'Z' said sorry and they continued to talk but very superficially that made him disappointing about his behavior and felt guilty.

He had a girl friend whom he loved and wanted to marry she was his relative where getting married was acceptable they were enjoying their company but suddenly after few months she denied to marry him and said that she would continue to be friend only. He was feeling low but he accepted and tried to move on in life. Presently she is married and in talking terms as good relative only.

While pursuing diploma he found interest with his friend who is same gender one day his fellow class friend who was sleeping beside him in hostel campus while sleeping he kissed him on cheeks and he tried to get closer since few days and tried to become close gradually and they had intimate relation and were involved in oral sex only and was masturbating other person. Whenever he tries to get closer to him Mr. 'Z' tries to hide his penis pressing with both the legs not letting the other person feel his penis.

He met sexologist and as suggested for treatment of Ten Thousand Indian Rupees for which Mr. 'Z' was skeptical of treatment progress. Hence did not consult again.

At work place presently he is having no friend who is that close to him especially same gender and his feelings of having sex with same gender is not prevalent with his work colleagues. But he has good rapport with female colleagues. His stress is increasing a lot and not comfortable since 6 months. He is presently having a hobby to view daily serials and the present episode is 600.He developed interest in that serial and seeing since 1st episode and is feeling guilty Am I addicted ? to view serial. He was explained it's not an addiction. Since he missed those prior episodes was viewing online. His statement is Am I addicted or no ? I have to see when free but seeing regularly. I often feel I am a woman soul trapped in a male body. Whenever I see myself in a mirror. Really not comfortable with the looks like a male. Hoping this feeling disappears.

He has wonderful talents beside this feeling. sings well and trains students in classical singing but stopped since few months when asked for the reason he replied as he was unable to concentrate due to present problem. While singing he never stutters at all.

Since culturally not accepted about being sexually close to same gender he is disturbed and feeling stressful but does not want to leave the country leaving friends, family and relatives and country as well. If resolved I shall be happy if not resolved would like to stay alone forever. Family has hopes on me. Chances of getting married are 50-50. If I get married and still problem persists I can't ruin other person life as well I have hopes through therapy I might get recovered. I want to be fine Psychological ok means I am fine.

On Mental Status Examination preoccupied with his biological sex and expressing the desire to live like a opposite gender. He has depressed affect, suicide contemplation. There were no evidence of body delusion. The possibility of other disorders of sexual preferences were ruled out. He was diagnosed as a case of Gender Dysphoria with Major Depression as per the diagnostic criteria of DSM V. His laboratory investigations were within normal range. His psychometric assessment was administered and IQ indicated 100. Rorschach test revealed depressive symptoms and no other significant finding. The initial focus of the treatment was to treat his depression and to save him due to impending threat of committing suicide. He was given psychotherapy and benzodiazepines. Later management plan was to strengthen his biologic sex role as much as possible. He appeared to be wheatish skin, thin built, shy with feminie in his attitudes and gestures. He is restless after rapport established, prior to that he was idle, fidgety hand and feet,, He was dressed in a clean, starched semi formal shirt and a pair of trousers and chappals. No abnormality was noted after examining testis, penis and pubic hair. Physical tests including neurological examinations reported to be normal. A thorough psychiatric examination including the Mental Status Examination did not reveal any abnormality except sexual deviation in the form of abnormal sexual inclination and behaviour which centered around his fixed belief

that he has feministic feelings. A diagnosis of Gender Dysphoria was made according to Diagnostic Statistical Manual V and Psychotherapy was suggested as the method of treatment. Mr'Z' was keen to attend therapy sessions but does not want his family members to know about his condition. elaborating the same version more. Excessive talking. fidgety hands and feet.

Mr 'Z' has no psychotic features on contrast with the study stating that Psychosis induced transsexual desires in patients with schizophrenia. (Caldwell et al (1991). Mr. 'Z' has no schizophrenia.

Sexual pleasure is derived from dressing in clothes of the opposite is the essence of transvestism G. Baanerjee etal (1987). Mr. 'Z' is happy the way he dresses up a born sex.

Habermeyer etal (2003) stated bipolar disorder suggest that gender dysphoria intensifies and fluctuates with affective excursions. Mr. ' Z' has no bipolar disorder.

Cross-dressesing he is not interested as of now and never thought of it may or may not be interested in future. Has rarely have sexual fantasies involving breast feeding and gets sexually aroused. Sitting down and urinating and mimics other stereotypical feminine behavior.

Mr 'Z' s body language and speaking is famine. According to social interactionist language is an important means through which individual roles are constructed and explored (Harter, 1998).

Mr 'Z' does not admit he is successful in the workplace, his search within himself is lacking. Sense of identity mostly constructed after a search within oneself who he represents successfully. (Erikson (1993)

Mr. 'Z' meets criteria for Gender Dysphoria and Major Depression. Reporting erotic arousal upon seeing oneself as a woman.
(Blanchard et al (1992) reported Autogynephilia is a condition wherein a man becomes sexually aroused by imagining or seeing himself as a woman.
Mr 'Z' gets aroused by imagining or seeing himself as a woman. Mr. 'Z's symptoms of Gender Dysphoria with Major Depressiona autogynephilic features.

Behavioral techniques like Self exposure therapy has a definite impact on gender dysphoria study of 4 year remission of transexualism in a patient after comorbid OCD (Marks (1997)

Psychotherapy will not resolve gender identity disorder but can promote a stable lifestyle and improve the patient's chances for success in relationships, education, work, and gender identity expression. (Harry(2001)

Psychotherapy can also help determine patients' readiness for sexual reassignment surgery.

Psycho education was planned and simultaneously Psychotherapy sessions were planned examining his history, understanding his confusions, identifying maladaptive behaviors and unrealistic ideas. This including the coping skills and educating him on topics related to gender variations and gender disorders to enhance normal activities interests which will please him and gain satisfaction gradually. He is attending weekly sessions since 2 weeks. He will be referred to psychiatrist for medication to handle his depressive symptoms. But he denies taking medication. At this juncture he was explained the dire need to consult psychiatrist for medication to handle his suicidal ideation.

The goal of family intervention is to keep the family stable and to provide a supportive environment for the individual but Mr 'Z' doesn't want his family members to know his condition.

CONCLUSION

Self awareness and boosting his confidence levels to handle issues in every aspect of life to lead stress free life. Family members support can be beneficial as it can help in creating a comfortable environment .Through the use of speech therapy he can resolve his stuttering.

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Adjustment of Higher Secondary Students of NCR (National Capital Region)

Dr. Ekta Chauhan[1]*

ABSTRACT

Maladjustment in any way leads to lot of social, psychological and behavioural problems. Present research paper is an attempt to find out the difference in the level of adjustment of male and female higher secondary students of NCR region, so that the measures are taken at school level to enhance the levels of adjustment amongst school students enabling them to become better performers at school and to deal with gender biases prevalent in Indian system. For this study a sample of 200 higher secondary students (100 female students and 100 male students from higher secondary classes) was selected with the help of stratified random sampling method from Ghaziabad and Gautam Budh Nagar of Uttar Pradesh, India. For collection of data A.I.S.S(Adjustment Inventory For School Students) by Prof. A.K.P. Sinha and Prof .R.P. Singh (published by National Psychological Corporation, Agra, India) was administered on selected sample. With the help of this study significance of differences with respect to emotional adjustment, social adjustment, educational adjustment and total adjustment between female and male higher secondary students, is analyzed. These differences in adjustment between male and female students were compared with the help of statistical Analysis: mean, standard deviation and t value. Analyses of data revealed that significant differences exist at .05 and .01 levels between male and female higher secondary students only in the area of social adjustment.

Keywords: *Adjustment, Education, Schools Students, National Capital Region.*

In Indian schools major thrust is usually on academics; even in the name of holistic educational patterns of education and development it is observed that areas like emotional development and positive adjustment are often ignored. However over and again multiple researches across the world have proved that greater adaptability provides better chances of survival. According to a study perpetrating and experiencing bullying were associated with poorer psychosocial adjustment (P<.001); however, different patterns of association occurred among bullies, those

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bullied, and those who both bullied others and were bullied themselves (T. R. Nansel and others in 2004). It could be argued that the individual competencies of emotional adjustment, social adjustment, educational adjustment of students in schools determine their overall success in school. The ability of adolescents to manage their emotions and behaviours and to make meaning in friendships is an important prerequisite for school readiness and academic success. Escalating aggressive behaviour, poor academic grades, increasing anti- social problems, rising incidences of bullying in schools are the indicators of inadequate adjustment.

Another reason for maladjustment is the changing family patterns where a child has everything available for him and no one to share with leads to troubles and maladjustment. Rapid shift in the structure of Indian families in the past decade from joint families to nuclear families, than from two kids to single kid, further with one parent working to both the parents working has made mediums like television and internet responsible for the psycho-socio-emotional development of the child. These mediums may have merits to their account but unguided influence of media leaves unwanted impressions on the vulnerable minds of the adolescents; therefore the role of the schools in the psycho-socio-emotional development of the adolescents has widened.

A.T. Jersield in his book "Psychology of adolescence" (1963) defines, "Adolescence is that span of years during which boys and girls move from childhood to adulthood, mentally, emotionally, socially and physically." The period of adolescence is considered as crucial and significant period of an individual's life. Psychologically, adolescence is the age when the individual becomes integrated into the society of the adults. It is at this stage a child feels equal to the elders. The cognitive development, typical of an adolescent's thinking, enables him engage in abstract thinking, makes him/her more opinioned and leads to greater involvement in social relationships. This age of adolescence is the most discussed period of one's life it is characterized by many things such egocentrism, teenage identity, emotional turmoil and turbulence etc.

Good (1959) sates that adjustment is the process of finding and adopting modes of behaviour suitable to the environment or the changes in the environment. Kulshrestha (1979) explained that the adjustment process is a way in which the individual attempts to deal with stress tensions, conflicts etc., and meet his or her needs. In this process, the individual also makes efforts to maintain harmonious relationships with the environment.

Adjustment is the predictor of success and growth of a student. Adjustment according to Webster is the establishment of satisfactory relationships as representing harmony, conformance, adaptations or the like. In general, the adjustment process has four parts: (1) a need or motive in the form of a strong persistent stimulus, (2) the thwarting or non-fulfillment of this need, (3) varied activity, or exploratory behaviour accompanied by problem solving, and (4) some

response that removes or at least reduces the initiating stimulus that brings satisfaction and completes the process of adjustment, at least temporarily.

Educators and schools today need to produce high achieving, productive and healthy students which can be achieved through a balance of cognitive and emotional domains of learning. Entry into the secondary school is a trajectory changing event that represents a convergence of physical, mental, social, familial and social developments. Clearly, there is reason to be concerned about the well-being of early adolescents. Educators often underestimate the importance of developing students' abilities to adapt and get along with people; however, students' learning abilities depend on their experience of their ability to adapt and cope with people. In a nutshell, confidence and positive outlook plays a crucial role in seeking to solutions to everyday problems and for life adaptation. Educators often underestimate the importance of these demands, but, in reality, children's energy for learning depends on the nature of these coping experiences. When adolescents enter the middle school level, the problems they confront may challenge their coping skills and are often the main reason for their experiencing pressure. Thus, it is important that middle school education brings with it opportunities and demands to learn to adapt and cope.

Delhi the capital of India, and its adjoining areas are referred to as national capital region that have seen tremendous growth in recent years. Major part of the population living in NCR and immigrated from other states and cities mostly in search of employment is diverse in nature. With the help of present study adjustment of male and female higher secondary students living in national capital region is examined

With the help of the present work differences between male and female higher secondary school students (living in national capital region) with respect to adjustment is studied. Based on the aforementioned rationale which states the importance of adjustment on school learning and overall development of secondary school students, present study aims to understand the difference between female and male higher secondary students with respect to emotional, social, educational adjustment and total adjustment.

Hypotheses

i) There is no significant difference between Emotional adjustment of the female and male higher secondary students of NCR (National Capital Region of India).
ii) There is no significant difference between Social adjustment of the female and male higher secondary students of NCR (National Capital Region of India).
iii) There is no significant difference between Educational adjustment of the female and male higher secondary male students of NCR (National Capital Region of India).
iv) There is no significant difference between total adjustment of the female and male higher secondary students of NCR(National Capital Region of India).

METHOD

Technique

For the present work of research data related to aspects of adjustment has been collected from higher secondary students of different schools of NCR (National Capital Region of India) with the help of random sampling method. To analyze the data and draw conclusions statistical techniques such mean, standard deviation and t test has been used.

Sample

A sample of 100 female higher secondary students and 100 male higher secondary students was collected from with the help of stratified random sampling method from different schools like DPS Indirapuram, Ghaziabad, Mahamaya girls Intercollege Noida, Panchsheel Balak Inter college Noida (NCR). After explaining the purpose of the study, instructions with regards to the filling of questionnaires related to adjustment were given before actual filling of questionnaires.

Tools

For the collection of data it is quite necessary to adopt a systematic procedure. For every type of research, there is a need of certain instruments to explore new fields. The instruments employed for the data collection are called tools. The following test was used to collect the data.

Adjustment Inventory for School Students -English by A. K. P. Sinha and R. P. Singh published by National Psychological Corporation, Agra

ADJUSTMENT INVENTORY FOR SCHOOL STUDENTS
(Adjustment Inventory for School Students -English A. K. P. Sinha and R. P. Singh)
The "Adjustment inventory for school students" has been constructed by A.K.P Sinha (Ex-Professor and H.O.D Dept. of Psy. Pt. Ravi Shankar Shukla university) and R.P Singh (Ex-Professor and H.O.D Dept. of Edu. Patna University). The inventory seeks to segregate well-adjusted secondary school students (age group 14-18 years) from poorly adjusted students in the areas of adjustment: emotional, social and educational.

Sample

The 60 items inventory, in its final form, was administered to a randomly selected representative sample of 1950 (1200 boys and 750 girls) from class IX to grade XI pupils of 40 schools of Bihar. The distributions of score were tested for normality by applying chi-square technique. The distributions did not depart significantly from normality.

Sr.No	Method Used	Emotional	Social	Educational	Total
1.	Split-Half	0.94	0.93	0.96	0.95
2.	Test-Retest	0.96	0.90	0.93	0.93
3.	K-R Formula	0.92	0.92	0.96	0.94

RELIABILITY- coefficient of reliability was determined by (i) split-half method, (ii) test-retest method, and (iii) K-R formula-20.

RELIABILITY COEFFICIENTS OF THE INVENTORY

VALIDITY- In item analysis validity coefficients were determined for each item by bi-serial correlation method and only such items were retained which yielded bi-serial correlation with both the criteria (i) total score and (ii) area score, significant level being .001.

CORRELATION MATRIX OF THREE AREAS OF ADJUSTMENT

Sr.no.	Adjustment Areas	I	II	III
1.	Emotional	_	20	19
2.	Social	20	_	24
3.	Educational	19	24	_

NORMS- Percentile norms were computed for both males and females of all the three areas (emotional, social and educational) of adjustment separately as also for the whole inventory.

MEANING OF THE SYMBOLS AND EXPLANATION OF THE AREAS-

(a) Emotional Adjustment: High score indicate unstable emotion. Students with low scores tend to be emotionally stable.

(b) Social Adjustment: Individuals scoring high are submissive and retiring. Low scores indicate aggressive behaviour.

(c) (c) Educational Adjustment: Individuals scoring high are poorly adjusted with their curricular programs. Persons with low scores are interested in school programs.

SCORING OF THE TEST-

Scoring of the test data was done with the help of scoring table provided in the manual.

Procedure

The data was collected by the investigator personally. The students were asked to give reliable responses and they were assured that the information given would be kept confidential and so they were requested to be bold, sincere in answering the questions.

The instructions were explained and then the students were instructed to complete both the tests at the earliest. This was done to ensure spontaneous and genuine responses. Other queries were answered and explained clearly.

RESULTS

Upon interpretation of the data collected with the help Adjustment Inventory of School Students following facts are revealed.

Table: 1 showing Mean, standard deviation, t value and its significance of Male and Female higher secondary students on Emotional Adjustment.

Population	Mean	Standard Deviation	t value	Level of significance
Male (N=100)	5.68	3.2	0.027	Not significant even at .05 levels
Female (N=100)	5.86	2.57		

According to table-1 Mean of male higher students is 5.68 and for female higher secondary students is 5.86 on emotional adjustment whereas on S.D for male higher secondary students is 3.2 and S.D for female higher secondary students is 2.57. Upon calculating the t value the score of .027 was received which is not significant even at .05 levels.

Table: 2 showing Mean, standard deviation, t value and its significance of Male and Female higher secondary students on Social Adjustment.

Population	Mean	Standard Deviation	t value	Level of significance
Male (N=100)	5.46	3.33	4.15	significant both at .05 and 0.01 levels
Female (N=100)	6.24	2.96		

According to table-2 on the dimension of social adjustment mean of male higher secondary students is 5.46 and 6.24 of female higher secondary students. Value of S.D for male higher secondary students is 3.33 and 2.96 for female higher secondary students. t value calculated is 4.15 which is higher than critical value both at .05 and .01 levels indicating significant difference between male and female higher secondary students.

Table: 3 showing Mean, standard deviation, t value and its significance of Male and Female higher secondary students on Educational Adjustment.

Population	Mean	Standard Deviation	t value	Level of significance
Male (N=100)	6.29	3.87	0.47	Not significant even at .05 levels
Female (N=100)	5.88	2.10		

Results shown in table-3 on educational adjustment male higher secondary students have a mean of 6.29 and female higher secondary students have a mean of 5.88, value of S.D for male

students is 3.87 and for female students it is 3.10. Thus t value is 0.47 which is insignificant even at .05 levels.

Table: 4 showing Mean, standard deviation, t value and its significance of Male and Female higher secondary students on Total Adjustment.

Population	Mean	Standard Deviation	t value	Level of significance
Male (N=100)	17.3	8.8	1.04	Not significant even at .05 levels
Female (N=100)	17.76	5.77		

Table-4 showing results of male and female higher secondary students with respect to total adjustment. Mean of male higher secondary students is 17.3 and for female higher secondary student is 17.76. S.D of male higher secondary students is 8.8 and for female higher secondary students is 5.77; the calculated t value is 1.04 which is less than critical value even at .05 levels.

DISCUSSION

In psychological research, adjustment refers both to an achievement or outcome as well as a process. As an achievement, psychological adjustment is a phrase used to denote positive mental health. The concept of positive mental health is detailed extensively in Jahoda's classic conceptualization and refers to an individual's state of mind and overall well-being. The process conceptualization of psychological adjustment reflects whether an individual is able to cope effectively with the demands of the environmental context as well as with the stress created by these demands. Thus, as a process, psychological adjustment reflects the relative adaptation of an individual to changing environmental conditions. Psychological adjustment is a popular outcome measure in psychological research, and often measures such as self-esteem or the absence of distress, anxiety or depression are used as indicators of adjustment. Researchers may also measure an individuals' level of adjustment or well-being in response to some stressful event, such as divorce, or as the absence of deviant behavior, such as drinking or drug use.

Analyses of the results reveal that there is no significant difference between male higher secondary students and female higher secondary students with respect to emotional adjustment This suggests that level of emotional adjustment of male and female students is similar and they do not differ with regards to their ability of emotional adjustment (also referred to as personal adjustment or psychological adjustment).Emotional adjustment is the maintenance of emotional equilibrium in the face of internal and external stressors. This is facilitated by cognitive processes of acceptance and adaptation. An example would be maintaining emotional control and coping behavior in the face of an identity crisis. This capacity is an important aspect of mental health and where it is compromised, or not developed, psychopathology and mental disorder can result. Therefore the hypotheses “that there is no significant difference between

Emotional adjustment of the higher secondary female students (N=100) and higher secondary male students (N=100) of NCR (National Capital Region of India)" is accepted.

Our second hypotheses "there is no significant difference between Social adjustment of the higher secondary female students (N=100) and higher secondary male students (N=100) of NCR (National Capital Region of India)" stands rejected because significant differences exist between male and female higher secondary students with respect to social adjustment both at .05 and .01 levels of significance. Social adjustment is the achievement of balance in social relationships usually aided by the appropriate application of social skills. Social adjustment is an effort made by an individual to cope with standards, values and needs of a society in order to be accepted. It can be defined as a psychological process. It involves coping with new standard and value. In the technical language of psychology "getting along with the members of society as best one can" is called adjustment. According to the data of the present study mean value of female higher secondary students is higher than the male higher secondary students manifesting their greater ability for this process of "getting along with the members of society as best one can".

On educational adjustment difference is not significant even at .05 levels between male higher secondary students and female higher secondary. Therefore the third hypotheses of the present research work stating that there is no significant difference between Educational adjustment of the higher secondary female students (N=100) and higher secondary male students (N=100) of NCR(National Capital Region of India) is accepted. Students face many adjustments in school. From year to year, there are changes in teachers, classrooms, school and class rules and procedures, performance expectations, difficulty of the work, and peers. Their successes in negotiating these challenges predict school success. School adjustment has been construed historically in terms of children's academic progress or achievement (Birch & Ladd, 1996). This outcome is important, but being very limited it narrows the search for precursors and events in children's environments that may affect adjustment. On a broader level, we might think of adjustment as involving not only children's progress and achievement but also their attitudes toward school, anxieties, loneliness, social support, and academic motivation (e.g., engagement, avoidance, absences) (Birch & Ladd, 1996; Roeser, 1998; Roeser et al., 1998). Educational adjustment is an important dimension of total adjustment for any school going child and on this dimension no difference was found to exist between male and female higher secondary students even at .05 levels.

Adjustment is the relationship which comes to be established between the individual and the environment. Every individual plays certain position in his social relations. He is trained to play his role in such a way that his maximum needs will be fulfilled. So, he should play his role properly and get maximum satisfaction. If he does not play his role according to standards and training Home Environment received his needs may not be fulfilled and he may get frustrated. Adjustment is an important mechanism for the healthy survival and growth of any individual.

Our sample includes male and female higher secondary students and on overall adjustment significant differences do not exist between male and female higher secondary students even at .05 levels. Hence, last hypotheses of the present study "there is no significant difference between total adjustment of the higher secondary female students (N=100) and higher secondary male students (N=100) of NCR (National Capital Region of India) is accepted.

CONCLUSION

Present research work explored the differences between male and female higher secondary students with respect to three aspects of adjustment female emotional, social, educational and total adjustment. Data revealed that significant differences exist at .05 and .01 levels between male and female higher secondary students only in social adjustment. It would not be an exaggeration to say to say that demographics of areas of adjoining areas of Delhi (called NCR) have undergone major transitions over a period of last 15 to 20 years; however irregularities are to be seen across this geographic region and unequal distribution of modern technological developments. Some parts of NCR are equipped with latest technologies and luxurious yet stressful lifestyle; whereas same old patterns of living continues in the interiors of these NCR regions. Gender biases are a prominent feature and classic feature of Indian culture which still prevails and influences child rearing patterns. Female counterparts of society are trained to adjust and adapt in any given situation where male have freedom and accessibility to everything. Hence the differences in social adjustment between male and female higher secondary can be attributed to the differences in the treatment of male and female child.

This study is limited in terms of selection of sample which is restricted only to NCR (national capital region and it is not big enough (N=200) to be able to generalize the outcomes of the study. Therefore in future similar study can be repeated with larger sample. Secondly focus of this research work is adjustment of higher secondary students and in future adjustment in relation to other variables can also be studied.

Adjustment can be interpreted as behavior that stresses how persons resolve their problems and the internal pressures to which they are subjected as biological and social organisms. One might say, in fact, that personality itself is made up largely of the more or less stable and organized processes of adjustment. The biological concept of adaptation has been borrowed by the psychologist and renamed adjustment. The psychologist is more concerned with what might be called "psychological survival" than physical survival. As in the case of the biological concept of adaptation, human behavior is interpreted as adjustments to demands or pressures. These demands are primarily social or interpersonal, and they influence the psychological structure and functioning of the person. It was said that adjustment involves a reaction of the person to demands imposed upon him. The psychological demands made upon the person can be classified into external and internal. It is clear that that lack of adjustment or adjustment level below a certain expected level leads to serious psychological disorders. M.V.R. Raju and T Khaja (2007)

in their study explained that the adjustment of school children is determined by their gender, the class in which they are studying, the medium of instruction adopted in their school, the type of management of the school and their parents education and occupation; however levels of adjustment found to be almost similar between male and female higher secondary students except for social adjustment so differences amongst the school students with respect to levels of adjustment can be attributed to factors than gender.

Deficits in adjustment have implications for the healthy development of child and his/her future happiness and success. Therefore in schools it is upon teachers to be vigilant and notice cues and symptoms of maladjustment, and report them to the concerned authorities and take corrective measures. With the help of the present study we know that differences found between male and female students in the areas of academic achievement, emotional maturity etc is not due adjustment, but adjustment is merely the outcome of prevailing socio-cultural settings. Difference among these students, in the ability to handle social situations or social adjustment can be attributed to learning conditions provided to them in their immediate surroundings.

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Conflict of Interests

The author declared no conflict of interests.

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Attitude of the Community People towards Health and Environmental Hazards of Tanneries in Dhaka

Abdur Rahman[1]*, Dr. Azizur Rahman[2], Biplob Kumar Dey[3]

ABSTRACT

The purpose of the present study was to investigate the attitudes of the community people towards health and environmental hazards of tanneries in Dhaka city of Bangladesh. 200 community people were selected as respondents. A semi-structured interview guide was used to collect relevant data. It was an exploratory study following qualitative approach. The findings of the study revealed all of the community people at Hazaribagh felt that their environment is being seriously polluted by tanneries. Most of them suffered from skin disease, allergy, diarrhea, asthma, typhoid, head ache and fever. They have been seriously suffering while moving from one place to another. They mentioned tanneries are responsible for extreme pollution of the Buriganga River. The majority of the respondents think that tanneries should move from Hazaribagh & relocate at any industrial area.

Keywords: *Attitude, Health, Environmental hazards, Tanneries.*

Attitude is an expression of favor or disfavor toward a person, place, thing, or event. An attitude can be as a positive or negative evaluation of people, objects, events, activities, and ideas. It could be concrete, abstract or just about anything in our environment. An attitude is "a relatively enduring organization of beliefs, feelings, and behavioral tendencies towards socially significant objects, groups, events or symbols" (Hogg & Vaughan, 2005).

Health has defined as being "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Overall health is achieved through a combination of physical, mental, emotional, and social well-being. There are four general determinants of health including human biology, environment, lifestyle, and healthcare services.

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An environmental hazard is a substance, state or event which has the potential to threaten the surrounding natural environment and adversely affect people's health.

Urban areas of Bangladesh particularly the big city Dhaka have serious pollution problems with respect to solid waste management, growth of slum areas without supply of clean water and sanitation facilities, congested living conditions, inadequate drainage system and untreated industrial waste disposal. Most of these factors affect the urban poor in terms of general hardship; ill-health and even death. Pollutions can take several forms such as air pollution, water pollution, soil pollution, noise pollution etc.

Bangladesh has a good number of leather processing industries (tanneries), which are very important to its economy. Nowadays, leather and leather products are principal export products of Bangladesh and the sector provides a significant portion of employment in the country. About 180,000 people are engaged with this industry directly and indirectly (Billah, 2000). The total export income under the leather sector during the year 2014-2015 amounted to US $ 1 billion (*Saha, 2013).* Government of Bangladesh has identified the leather industry as one of the "highest priority sectors" for its growth potential and its contribution to export diversification and employment generation.

There is no denying that most of the urban-based industries in Bangladesh pollute environment. Of them, tanneries do the extreme damage. It has created serious environmental pollution. Most of the tanning industries in Bangladesh are located in Dhaka City at Hazaribagh area in an unplanned way. About 240 tanneries are located on 25 hectares of land; most of the tanneries are very old and use mineral tanning processes that discharge liquid wastes everyday. These harmful wastes including chromium, lead, sulphur, ammonium, salt and other materials are severely polluting the capital city and the river Buriganga (Bhowmik, 2007). The primary health impacts from chromium are damage to the gastrointestinal, respiratory, and immunological systems as well as reproductive and developmental problems. Chromium is a known human carcinogen. In addition, the chromium-laced solid wastes from tanneries are often converted into poultry feed as is the case in areas of Bangladesh—and can thus impact livestock and humans (Hossain, 2007).

Tanneries are more hazardous than textile, medicine, fertilizer, paper industries etc. Three workers died from inhaling toxic carbon monoxide gas and several others fell ill at a tannery in the city's Hazaribagh area (Ahmed, 2010). Tanneries are releasing a large quantity of toxic waste at the time of processing of leather causing a severe environmental pollution. The pollution is seriously affecting the livelihood of some 0.1 million people in and around the Hazaribagh area of the capital city. The water of Buriganga River has become black and mucky due to continuous inflow of untreated tannery effluents. The tannery units release nearly 22,000 cubic metres of untreated toxic waste everyday to the Buriganga River. So, the condition of the river has become worst (Uddin, 2003). Very bad smells are also emitted from Hazaribagh and nearby Hazaribagh

like Rayerbazar, Jhigatola and parts of Dhanmondi in Dhaka city. Nobody wants to go to Hazaribagh from outside area due to bad effect of tanneries. Even the tanneries' owners don't live in those areas (Muhammad & Haque, 2012).

Rusal et al. (2006) investigated about environmental pollution of process industries in Bangladesh. They estimated about 60,000 tons of raw hides and skins are processed in tanneries every year, which release nearly 95,000 liters of untreated effluents into the open environment daily resulting into the dead river Buriganga.

Mohanta et al. (2012) investigated the prevalence and determination of occupational diseases of leather tannery workers. They found that, tanning effluents entering the surface water bodies in the area including drain, canal, khal is reducing the quality of water and as a result they are completely unable to use it.

According to the Maurice (2001), over 8,000 workers in the tanneries of Hazaribagh suffer from gastrointestinal, dermatological, and other diseases and 90% of these population die before the age of 50.

Bangladesh Institute of Labour Studies (BILS, 2000) conducted a field survey in 9 tanneries at Hazaribagh area. It found that noise pollution of tanneries create hearing loss, high blood pressure, stress, and sleep disturbance of the tannery workers.

A research conducted by Society for Environment and Human Development (SEHD, 2008) revealed that out of 240 tanneries in the country, except for two BATA and Dhaka Leather Complex none of the tanneries has a treatment plant as required by the law.

Mahmood (2002) conducted a study to see the effect of toxic chemicals of tanneries on public health in Dhaka. He found that Short-term exposure to chromium can cause allergic responses. Long-term exposure can cause sores, ulcers and even lung cancer.

Muhammad and Haque (2012) studied about the effect of industrial pollution on the physical and mental health of the tannery workers as well as the related residential area's people of Hazaribagh in Dhaka city. They found physical health of the respondents was directly related to mental health. Industrial pollution had negative impact on tannery workers and inhabitants' physical and mental health respectively. The argued that, physically problematic persons always feel tension regarding their health issues. For this reason they can not fulfill their life provisions properly that may spoil their mental health.

The above mentioned studies show that tannery industries pollute environment greatly and as a result these industries create various health related problems for both the workers and the

community people living around tanneries. Waste water, organic particulars and toxic chemicals is discharged in open drains and ultimately finds its way into land surfaces and in natural waters in the vicinity. As a result, water, air, soil, shelter and food are getting continuously polluted & most affected victims are the tannery workers & the community living around. There are some studies exist concerning the tannery workers health related problems, but there appears to be no study dealing with the perception and attitude of the community people towards environment pollution of the tanneries. In this context, it would be interesting and necessary to know the feelings & attitudes of the community people regarding the effect of the tanneries on their health and environment. The findings of such a study would help us to provide suggestions to improve the situation. Moreover, it is a crying need to relocate these industries as soon as possible. In this context it can provide strong research evidence of public opinion in respect to the necessity for relocation of the tannery industries from the Hazaribagh residential area to far industrial area.

Objectives:

The objectives of the present study were-

1. To understand the perception and attitudes of the community people about environment pollution of tanneries in their area;
2. To assess the health problems of the community members living around;
3. To understand the attitude of the community people towards the planning and management of tanneries;

METHOD

Sample

The target population of the present study was the people living around the hazardous industries (Tannery) in Dhaka City. From among those living around one-kilometer area of the tanneries at Hazaribagh in Dhaka City, 200 individuals were selected by incidental sampling technique. By socio-demographic characteristics 60.5% of the participants were male and 39.5% were female. The mean age of the participants was 30.14 years. By marital status, 46.0% were unmarried and 54.0 % were married. The occupations of the participants were as follows: Business (25.5%), student (22.5%), housewives (21.5%), service (15.0%), tannery worker (12.5%) and retired/unemployed (3.0%). The participants had been leaving around the tanneries at Hazaribagh for a minimum of one (1) year to a maximum of 54 years.

Data collection instrument

To collect the relevant data, a semi-structured interview guide was used. The major issues addressed in the interview guide included: community members' perception about environment pollution, health problems of the community members, attitudes of the community members towards tannery industries in their area, etc.

Study design

The present study was an exploratory study following qualitative approach.

Procedure

Before developing the semi-structured interview guide, the target area was physically visited by the researcher. There preliminary discussions were held with a few community people, tannery workers and a local doctor in order to have an initial idea about the problem under investigation. Also, literature search was conducted on the relevant issues. Synthesizing all the information, a semi-structured interview guide (draft) was developed by the researcher. This draft instrument was then pre-tested with 20 community members living around the tannery industries located in Hazaribagh (Dhaka). The draft interview guide was finalized after incorporating the feedback obtained from the pre-test. For collecting the required data, the final instrument was applied on 200 participants selected on the basis of availability. However, before collecting data from them, the respondents were informed about the purpose of the study, there informed consent was taken, and attempts were made to build up good rapport with each one of them. Additionally, the respondents were told that the data to be collected would be used for academic purpose only, and they were assured of the confidentiality of their responses.

Data analysis

The collected data were analyzed by qualitative data analysis approach. For this, the responses to the open-ended questions were first examined and categorized. However, for the sake of presenting the score, the frequency of the responses were counted and reported in percentage form by using SPSS software.

RESULTS

Table 1, Percentage of the responses to specific items concerning perception about the environment pollution of tanneries

SL no	Items	Response	Percentage
1	Whether environment is being polluted by tanneries	Yes No	100 0
2	Kind of pollutions	Water pollution Air pollution Sound pollution	47.7 42.2 6.7

Table 1 shows that in response to the question, whether they feel that their local environment is being polluted by the tanneries, all the respondents (100%) replied in the affirmative. Being enquired about the nature of environment pollution caused by tanneries, highest percentage of the respondents (47.7%) mentioned water pollution, 42.2% mentioned air pollution and 6.7% mentioned sound pollution.

Table 2, Percentage of the responses to specific items concerning attitude towards travelling problem and pollution of the Buriganga River

SL no	Items	Response	Percentage
1	Whether face problem during travelling	Yes No	100 0
2	Nature of the problem	Liquid toxic waste overflow from drain on street Tanneries emit bad smell which is beyond tolerable limit Create traffic jam because cargo stand on the narrow roads Leather pieces are dried on the side of the roads	54.2 23.9 14.1 7.7
3	How much responsible the tannery industries for the extreme pollution of the Buriganga river	Very high High	66.5 31.5

Table 2 shows that in response to the question, whether they face problem during travelling from their area, all the respondents (100%) replied in the affirmative. When asked about the nature of the problem, the most common responses were: liquid toxic waste overflow from drain on the street (54.2%), tanneries emit bad smell which is beyond tolerable limit (23.9%), create traffic jam because cargo stand on the narrow roads (14.1%) and leather pieces are dried on the side of the roads (7.7%). Being enquired about the responsibility of the tannery industries for the extreme pollution of the Buriganga River, highest percentage of the respondents (66.5%) termed it as “very high” and 31.5% termed it as “high”.

Table 3, Percentage of the responses to specific items concerning perception about the health problems

SL no	Items	Response	Percentage
1	Whether tanneries’ environment pollution is harmful to health	Yes No	100 0
2	How much harmful	Very high High Low	46.0 48.5 3.0
3	The nature of health problem	Skin disease Allergy Diarrhea Asthma Typhoid Head ache Fever	39.2 21.0 16.8 16.4 6.7 6.4 5.2

According to table 3, in response to the question, whether they feel that the environmental pollution was harmful to their health, all the respondents (100%) replied in the affirmative. When asked about the degree of harmfulness from pollution, the highest percentage of the participants (48.5%) termed it as "high" and 46.0% of the respondents termed it as "very high". Being enquired about the nature of the health problems they are facing, the most common response were skin disease (39.2%), allergy (21.0%), diarrhea (16.8%), asthma (16.4%), typhoid (6.7%), head ache (6.4%) and fever (5.2%).

Table 4, Percentage of the responses to specific items concerning attitude towards the planning and management of tanneries

SL no	Items	Response	Percentage
1	Whether tannery industries are located in an unplanned way	Yes No	100 0
2	Why it is unplanned	Located in a residential area Having no treatment plant Lacking of sufficient drainage system Do not follow government rules & regulations	30.4 28.8 22.6 18.3
3	Whether tanneries should relocate at any industrial area	Yes No	96.5 3.5
4	The reasons that although government has taken steps to relocate the tannery industries but it is still not moving	Lack of strict decision of the government Lack of willingness of the tannery owners Relocation process needs a lot of money that nobody can provide Lack of consciousness of the inhabitant of Hazaribagh	62.4 27.1 9.4 7.2

Table 4 shows that in response to the question whether they feel that tannery industries are located in an unplanned way, all the respondents (100%) replied in the affirmative. They also mentioned that tanneries are unplanned because the tanneries are located in a residential area (30.4%), having no treatment plant for toxic waste management (28.8%), lack sufficient drainage system for the passage of wastes (22.6%) and the owners disrespect for government rules and regulations (18.3%).

In response to the question, whether they think that tanneries should move from Hazaribagh and relocate at any industrial area, the majority of the respondents (96.5%) replied in the affirmative. Being enquired about the reasons that although government has taken steps to relocate the tannery industries; it is still not moving away, the most common responses were: lack of strict decision of the government (62.4%), lack of willingness of the tannery owners (27.1%), relocation process needs a lot of money that nobody can provide (9.4%) and lack of consciousness of the inhabitant of Hazaribagh area (7.2%).

DISCUSSION

Leather industry plays an important role in Bangladesh economy due to its large potential for employment, growth and export. At the same time, it poses serious environmental threats by discharging liquid effluents and solid wastes directly into surrounding low lying areas without proper treatment. The findings of the present study revealed that all of the community people at Hazaribagh felt that their environment is being polluted by tanneries. Water and air are the most essential element for living, but the water and air of the areas near tanneries at Hazaribagh are polluted beyond the tolerable limits. Sometimes hides and skins were cooked in open air to obtain glue for the local market. The most hazards occur when some poor people burn leather pieces (damaged) instead of coal or wood for cooking as it is cheaper. But there is no necessary warning from the government or aid giving agencies or their representatives to improve the hazardous situation. Most of the participants mentioned, tannery industries are located at Hazaribagh area in an unplanned way. Most of the tanneries are very old and use mineral tanning processes that discharge a huge amount of toxic waste. But, the owners of the tanneries do not keep any treatment plant for toxic waste management. It was also observed that there was no easy passage for wastes.

The results of the present study also indicated that the community members of Hazaribagh have been seriously suffering while moving from one place to another as liquid toxic waste were overflowing from drain on the streets, discharging bad smell which is beyond tolerable limit. These pollutions are very harmful to their health, causing various diseases. Most of the respondents responded that they suffered from skin disease, allergy, diarrhea, asthma, typhoid, head ache and fever. They also suffer from traffic jam very often, because chemicals and leather bearing big cargoes stand on the narrow roads of the Hazaribagh. The findings also showed that the tannery industries are responsible for the extreme pollution of the Buriganga River. The tannery waste causes the harmful effect on fisheries sector also. Fish production of Buriganga River is decreasing day by day due to unplanned disposal of tannery wastes.

The findings of the present study shows that, community members wanted tannery industries to be relocate from Hazaribagh residential area to any other industrial area as soon as possible. But yet the relocation did not take place because of lack of strict decision of the government in this

regard. The unplanned tanneries at Hazaribagh in Dhaka do not have supporting infrastructure facilities. Hazaribagh itself is surrounded by thickly populated localities of the city. Relocation of the tanneries to a more spacious location with appropriate infrastructure is an obvious need. A government plan to relocate the tanneries to a dedicated site outside of Dhaka city by 2005 has faced numerous bureaucratic delays. The government of Bangladesh has sought extensions to a 2009 High Court order to relocate the Hazaribagh tanneries out of Dhaka city, and then ignored the order when the extension passed. Although again the Government has set 1 March 2016 as the new deadline for moving the tanneries from the capital's Hazaribagh to Savar (outside of city), not a single factory building at the new site is going to be ready for relocation by the deadline. The central effluent treatment plant (CETP), the most essential component of the project, is not ready either. A little over 50% of the work at the plant has been completed (Roy, 2016). Meanwhile the tannery associations continue to seek even greater compensation than the amount initially agreed upon from the government for the relocation. Moreover, the 'leather town' in Savar could not be completed in time as the tanners never showed any real interest in relocating their factories there. Ongoing legal tangles that have lasted for years are also partly to blame.

Finally, it could be said that though tannery industries are playing a significant role for the development of the economy of Bangladesh, but unfortunately it hampers people and environment greatly. The government has tried by giving deadline after deadline for solving the problem, but failed. Under the circumstances, the authorities concerned are well advised to make strict necessary arrangements to expedite the process for tannery relocation and save the River Buriganga, the environment and the people living around.

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Conflict of Interests

The author declared no conflict of interests.

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Comparing Self-Efficacy of Government and Private High School Female Students

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ABSTRACT

Self-efficacy is individual's belief that he or she can perform some behavior or task successfully (Baron, 2001). Self-efficacy is hypothesized to affect individuals' task choices, effort, persistence, and achievement (Bandura, 1997; Schunk, 1989). In our present research we had chosen a sample of 100 high school (10th class) female students; 50 from private schools and 50 from government schools within the age group of 14 to 18 years. Our main objective was to see if there is any statistically significant difference in the self-efficacy of the two groups or not. Mean obtained by government sample is 68.54 and by private sample are 70.84. With the help of t-test we found a significant difference in the mean score of self-efficacy between two samples at 0.05 level of significance as calculated t-ratio is 2.01 and corresponding significance value is 0.47.

Keywords: *Self-Efficacy, Persistence, Achievement, Government And Private Schools.*

Self-efficacy is individual's belief that he or she can perform some behavior or task successfully (Baron, 2001). Bandura (1997) defined self-efficacy as "beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations". These beliefs of personal competence influence the choices individuals make and the courses of action they pursue. Self-efficacy can be defined as our feeling of adequacy, efficiency, and competence in coping with life (Schultz & Schultz, 2004). Self-efficacy has been found to play a role in success on many tasks (Maurer & Pierce, 1998). In case of health - people who expect to handle stress effecting or to get better quickly often actually do (Bandura, 1992, as cited in Schwarzer, 1995). Meeting and maintaining our performance standards enhances self-efficacy whereas failure to meet and maintain them reduces it.

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Self-efficacy is grounded in the larger theoretical framework of social cognitive theory which postulates that human functioning results from interactions among personal factors (e.g., cognitions, emotions), behaviors, and environmental conditions (Bandura, 1986, 1997). Self-efficacy is hypothesized to affect individuals' task choices, effort, persistence, and achievement (Bandura, 1997; Schunk, 1989).

People high in self-efficacy believe they can deal effectively with events and situations because they expect to succeed in overcoming the obstacles and they persevere at tasks and often perform at a high level. Also these people have greater confidence in their abilities than do persons low in self-efficacy, and they express little self-doubt. In addition to it, they view difficulties as challenges instead of threats and actively seek novel situations. High self-efficacy reduces fear of failure, raises aspirations, and improves problem solving and analytical thinking abilities (Schultz and Schultz, 2013, p. 338).

Sources of Self-Efficacy

The growth of self-efficacy begins to form in early childhood that does not end during youth, but continues to evolve throughout life as people acquire new skills, experiences, and understanding. According to Bandura (1992) there are four major sources of self-efficacy.

Mastery Experiences

Performing a task successfully strengthens our sense of self-efficacy. However, failing to adequately deal with a task or challenge can undermine and weaken self-efficacy, Bandura (1992).

Social Modeling

According to Bandura, "Seeing people similar to oneself succeeding by sustained effort raises observers' beliefs that they too possess the capabilities to master comparable activities to succeed."

Social Persuasion

Bandura (1992) also asserted that people could be persuaded to believe that they have the skills and capabilities to succeed. Getting verbal encouragement from others helps people overcome self-doubt and instead focus on giving their best effort to the task at hand.

Psychological Responses

Our own responses such as moods, emotional states, physical reactions, and stress levels can all impact how a person feels about their personal abilities in a particular situation.

Self-efficacy and Students' Outcomes

Zimmerman, Bandura and Pons (1992) carried out a path analysis to study the casual role of students' self-efficacy beliefs and academic goals in self-motivated academic attainment. It was found that perceived efficacy (self-efficacy) to achieve motivates academic attainment both directly and indirectly by influencing personal goal setting. Self-efficacy and goals in combination contribute to subsequent academic attainments.

Findings on the relationship between self-efficacy, motivation constructs, and academic performances are examined by Pajares (1996). He found the contributions of self-efficacy in self-regulation and motivation in academic settings. A large sample consisted of 10,000 high school students was collected by Trusty and Lampe (1997) in order to see the relationship between parental involvement and self regulatory behaviours. They found that parental involvement had the strongest positive relationship to students' self regulatory behaviours particularly the locus of control especially when adolescents perceived more parental control.

RESEARCH METHODOLOGY

Sample

A total of 100 high school (10^{th} class) female students; 50 from private schools and 50 from government schools within the age group of 14 to 18 years of Jammu city were chosen for present study.

Objectives

1. Assessment of the significant difference in self-efficacy of government and private high school female students

Hypothesis

2. There will be no significant difference in self-efficacy of government and private high school female students

In addition to it we will also compare the mean scores of 8 areas measured by the scale used namely self regulatory skills, self influence, self confidence, social - achievement, self, self evaluation, self esteem, and self-cognition, for these two samples.

Tool Used

Self-Efficacy Scale (SES - MGBR) by Mathur and Bhatnagar (2012) that consists 22 items in eight area—1) Self Regulatory Skills, 2) Self Influence, 3) Self Confidence, 4) Social - Achievement, 5) Self, 6) Self Evaluation, 7) Self Esteem, and 8) Self Cognition. It was standardized on 800 male and female students falling in the age group of 14 year plus.

Table 1: following table shows the eight factors of self efficacy.

S. No.	Factors/Areas	S. No. of items	Total items
1.	Self Regulatory	15, 21	02
2.	Self Influence	09, 14, 18	03
3.	Self Confidence,	01, 04, 12	03
4.	Social Achievement	03, 08, 10	03
5.	Self	05, 17, 22	03
6.	Self Evaluation	02, 07, 19	03
7.	Self Esteem	13, 20	02
8.	Self Cognition	06, 11, 16	03
	Total		**22**

RESULTS AND DISCUSSION

Our objective was to assess the significant difference in self-efficacy of government and private high school female students and corresponding null hypothesis stated that there will be no significant difference in self-efficacy of government and private high school female students. But in our t-test analysis, given in table-1 and table-2, we found that there is a significant difference in the mean score of self-efficacy at 0.05 level of significance as calculated t-ratio for two samples is 2.01 and corresponding significance value is 0.04.

Table-2: following table shows descriptive statistics for government and private female high school students.

S. No.	Samples	Sample Size (N)	Mean	Standard deviation	Standard error
1.	Government	50	68.54	6.557	.927
2.	Private	50	70.84	4.744	.671

Table-3: following table shows t-test analysis for government and private female high school students.

S. No.	Samples	Sample Size (N)	df	t-ratio	Sig. (2-tailed)
1.	Government	50	98	2.01	.04*
2.	Private	50			

There is plenty of research work available on studying gender differences but very few studies have focused on differences in self-efficacy within the gender. Bhagat (2016) in her study gender differences in the self-efficacy of secondary school students found significant gender differences in self-efficacy. The sample of 200 students of 9^{th} class was collected from government and private school students of Jammu district. Class In addition to it we also conducted area wise t-test analysis and found following results given in table-4 and table-5 as:

Table-4: following table shows factor wise descriptive statistics for government and private female high school students.

S. No.	Factors	Samples (females)	Sample Size (N)	Mean	Standard deviation
1.	Self regulatory	Govt. Pvt.	50	4.94 5.30	1.910 2.023
2.	Self influence	Govt. Pvt.		11.68 12.34	2.661 1.880
3.	Self confidence	Govt. Pvt.		9.98 10.18	1.505 1.380
4.	Social achievement	Govt. Pvt.		9.44 8.90	2.251 2.053
5.	Self	Govt. Pvt.		8.46 9.58	2.243 2.365
6.	Self evaluation	Govt. Pvt.		9.72 9.94	2.564 1.889
7.	Self esteem	Govt. Pvt.		3.64 3.66	1.274 1.364
8.	Self cognition	Govt. Pvt.		10.68 10.94	2.486 2.253

Table-5: following table shows factor wise t-test analysis for government and private female high school students.

S. No.	Factors	Samples (females)	Sample Size (N)	df	t-ratio	Sig. (2-tailed)
1.	Self regulatory	Govt. Pvt.	50	98	0.915	.36
2.	Self influence	Govt. Pvt.			1.432	.15
3.	Self confidence	Govt. Pvt.			0.692	.49
4.	Social achievement	Govt. Pvt.			1.253	.21
5.	Self	Govt. Pvt.			2.430	.01**
6.	Self evaluation	Govt. Pvt.			0.489	.62
7.	Self esteem	Govt. Pvt.			0.076	.94
8.	Self cognition	Govt. Pvt.			0.548	.58

From above table it is quite clear that *Self* is the only factor in which both sample differ significantly at .01 level. Other than self no factor is found to have significant differences in their means of respective samples.

CONCLUSIONS

There is significant difference in the mean score of self-efficacy between two samples at 0.05 level of significance. But on conducting factor wise t-test analysis for each factor we came to know that two samples differ on only one factor named self.

LIMITATION OF STUDY

Inclusion of only females in both samples is the main drawback of study. Another thing, both the samples were not enough large.

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Conflict of Interests

The author declared no conflict of interests.

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Last held Military Rank and Wellbeing (Psychological Distress) of Army Ex-Servicemen (Non-Commissioned Officers)

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ABSTRACT

The soldiers in civil life after separation from military service are more or less designated as Ex-servicemen. The uniqueness of their service requirements and job profile they regularly faces life altering events in their daily life. Their behavior is likely to have significant footprints of these events for longer time. To assess the remains of impact of military service on the behavioural platform of these semi soldiers a sample of 70 Ex-servicemen (non-commissioned ranks) were purposely selected and assigned into two groups as per their rank. GHQ 12 was used to assess the wellbeing (psychological distress). The findings suggested that there is significant effect of rank on the measured variable which might be attributed to several factors couple of them are demands of unyielding orders & commands and regular exposure to intense violence. However, it is pertinent to mention here that the result of the study is required to be tested across the country with larger samples drawn from the population of interest prior to generalization and ascertaining its' validity and reliability. Constructive suggestions and criticism will be highly appreciated and in fact solicited.

Keywords: *Military Rank, Wellbeing, Army*

Rationale of the Study

1. This subject is closely related to my doctorate topic i.e. "*General wellbeing, adjustment and achievements in civil life vis-à-vis personal resources and demands of non-commissioned officers of army ex-servicemen*".
2. The studies on Indian Ex-servicemen (non commissioned officers) are exceptionally rare.
3. This lot of 'semi soldiers' needs to be accorded with academic attention due to them, this study is an attempt in that direction.

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INTRODUCTION

In simplest terms an Ex-serviceman is "A soldier who had completed coloured service in defence services for a specified time period and suitable to draw pension from consolidated public fund of India". Ex-servicemen are lawfully separated soldiers of army. Armies worldwide follow a rigid hierarchical system of ranks to manage and organize humans having high degree of individual behavioural variance. Rank in army is a professional identifier having profound significance on the holder's behavioural outcomes. It is a position bestowed to soldiers signifying holder's importance and scope of responsibility. Rank defines soldier's professional and social standing within and outside (social set up) the institution. Traditionally, in defence parlance it is understood that *Rank* never retires; only individual retires. In this backdrop Ex-serviceman continue to decorate their names with last held rank. Military rank is a base professional and functional management tool helps in managing soldier's behaviour, interpersonal relations, and shared as well as individual responsibilities, most importantly rank takes care of self-esteem while preserving individual identity. Ex-serviceman is a semi soldier.

Post retirement, rank is reminiscent of dignity, power and prestige enjoyed during the active service. In addition to professional significance, the rank is also endowed with psycho-social stature. Army has two types of exclusive 'Rank' system one for no- commissioned officers and other for commissioned officers. The present study is focused on the retired non-commissioned officers (Subedar Major and below) of Indian army. Post retirement is a new phase in the life of Ex-serviceman. Retirement at young age has its own hazards and gains. Retirement is a kind of job loss which puts tremendous pressure on financial resources of the retiree engendering a negative stress commonly known as distress. The distress owing to weak financial resources takes its toll on wellbeing and other behavioural aspects.

General wellbeing is a general health and happiness, blend of emotional, psychological, spiritual and physical being. The concept of general wellbeing (psychological) in context of this study is limited to psychological distress, the most important contributing factor for overall wellbeing. Carol et al. (1995) in their study explored several dimensions of well being out of which they found "Autonomy, Positive Relations with Others, Self-Acceptance, Environmental Mastery, Purpose in Life, and Personal Growth" are of considerable importance in managing the well being of individual.

Armies are primarily constituted for the business of violence management where soldiers are constantly exposed to exceptional psychosomatic and health related problems. These soldiers when retire carry these cognitive traces along with them in their second innings of life. When they separates from army and subsequently become ESM, they are found to be afflicted or on the threshold of affliction of various formally recognized disorders like Post Traumatic Stress Disorder (PTSD), mental well being related issues, clinical depression, adjustment disorders,

psychological distress, bi-polar disorder, and several other whole health issues (Kelly, 2012). When unnoticed which is most likely, they take a great toll on their life as well as on society as a whole. The individual in particular and the society in general faces grave risk of disturbances owing to transited personal troubles. Several other factors, which are found to be common among retired military personnel are perceived stress of transition, sudden loss of source of income, fear of rejection, family obligations, demand resources (both psychological and physical) mismatch etc. (Hamlet-Trust, 2009). The ex-military men are prone to profession related mental problems such as PTSD (Carpenter, 2009) which causes many to sink into alcoholism, drug addiction, and reclusive lifestyles or sometimes takes extreme step of taking one's life (Media Release, Australia, 2008). The other general wellbeing problems attributed to active duty which transits even after retirement includes psychological fatigue, distress, depression, Alcohol Dependency Syndrome, anxiety, combat stress (Pemberton, 2012).

Hypothesis

1. There is significant difference between JCOs and Other ranks (last held Military Rank) on wellbeing (psychological distress).

Objective

2. To explore the relationship between the last held military rank by Ex-servicemen and wellbeing (psychological distress) its significance.

METHODOLOGY

Sample

The 70 Ex-servicemen (35 JCOs and 35 Other ranks) with average age 50.37 and 40.26 years respectively. The Ex-servicemen who retired without any disability pension were selected from three districts (Hisar, Fatehabad and Sirsa) of Haryana.

Procedure

The contact details were obtained from respective Zila Sainik Boards. Afterwards the Ex-servicemen were personally contacted on their mobile phones for fixing of date for data collection. The data were collected after obtaining written consent on a prescribed format. It was purposive sample. The sample was assigned into two groups on the basis of their last held military rank. The purpose of the study was briefly explained to each participating Ex-serviceman before handing over the GHQ-12 performa. The data was analysed by one way ANOVA.

Group I: This group consisted of retired Junior Commissioned Officer popularly known as JCOs of Indian Army i.e. those who retired in the rank of Naib Subedar, Subedar and Subedar Major.

Group II: This group consisted of retired Other_ranks popularly known as ORs of Indian Army i.e. who retired holding the rank of Sepoy, Lance Naik, Naik and Havildar.

Tools used

Wellbeing (psychological distress) was assessed using General Health Questionnaire-12 Hindi version translated by Gautam et al. (1987). The reliability of the test was checked by 'translation retranslation' technique established to be 96% and split half method (N=500) using Pearson 'r' correlation method which was found to be 0.78. GHQ deals with two dimensions: helplessness to carry on normal 'healthy' functions, and the emergence of a new psychological painful occurrence. GHQ-12 contains 12 items which are to be responded on 4 point scale which is an effective case detector. "It is a pure state measure rather than a trait measure, responding to how much a subject feels that their present state is unlike their usual state" (GHQ User's Guide, 1978).

Table 1 Prescribed Scoring Methods for GHQ-12

GHQ Scoring method	**0-0-1-1**	
Likert Scoring method	0-1-2-3	
Chronicity GHQ (CGHQ) Scoring method (Duncan-Jones 1985).	***For Positive items***	***For Negative items***
	0-0-1-1	0-1-1-1

Out of these three scoring methods the researcher preferred Likert scoring method because it produces less skewed score distribution than prescribed General Health Questionnaire scoring method.

RESULTS

Table 2 Mean, SD and Standard Error

	N	**Mean**	**Std. Deviation**	**Std. Error**
JCOs	35	14.200	3.9093	.6608
Other_ranks	35	11.886	3.6037	.6091
Total	70	13.043	3.9100	.4673

Table 3 ANOVA outcomes on Wellbeing (Psychological distress)

	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	93.729	1	93.729	**6.631**	**.012**
Within Groups	961.143	68	14.134		
Total	1054.871	69			

Table 4 Test of Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
.001	1	68	.974

The data in Table 2 exhibits that F ratio (**6.631**) is significant at $p < .05$. The rank as independent variable has differential effect on the wellbeing. The Levene's test of HoV consistently meets the homogeneity of variances assumption where Levene's test is not statistically significant at $p < .05$. The data inferences support the hypotheses that there is a significant difference between JCOs and Other_ranks (last held Military Rank) on wellbeing (psychological distress).

DISCUSSION

General wellbeing is a general health and happiness, combination of emotional, psychological, spiritual and physical being. The general wellbeing of ex-servicemen/veterans and soldiers has been studied, reported and defined (operationally) in terms of positive mental health (Amy, et al., 2015), professional success (Feist & Barron, 1996), and combat exposure by (Brounéus, 2014). Further, the wellbeing was explored in terms of profession related mental problems such as PTSD (Carpenter, 2009; Brounéus, 2014; Meghan E. et al., 2014 & Williston, et al., 2015), psychological fatigue, distress, depression, alcohol dependency syndrome, anxiety, combat stress (Pemberton, 2012) and undeclared social bracketing (Verma, 2016). The soldier faces more or less similar predicament in context of wellbeing across nations as soon as he hangs up his uniform voluntarily of compulsorily. The findings suggest that 'Rank' has significant effect on the wellbeing of holder. Military rank system forms the backbone of behavioural soldier management. Rank being a prominent behavioural management tool has considerable effect is visible from the means score of the measure. The means score of JCOs on wellbeing measure is **14.2** and for Other_ranks it is **11.886.** Higher means score of JCOs might be attributed to the fact that they stay longer with the institution which have its own requirements such as, demands of unyielding orders & commands, regular exposure to intense violence, professional strain in context to performance, away from family life and irregular association with social bodies. Whereas, the Other_ranks have relatively lesser stay with the institution, subsequently have lesser behavioural impact of above said factors.

However, it is pertinent to mention here that the results of the study are required to be tested longitudinally across the country with larger samples drawn from the population of interest prior to generalization and ascertaining its' validity and reliability.

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Conflict of Interests

The author declared no conflict of interests.

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